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| Official Canadian Kennel Club Entry Form   |  | Administrative use only                              |
| <b>Cobequid Dog Club<br/>Obedience Entry Form</b>  |  |  |
| <input type="checkbox"/> Trial 1 (Sat)<br><input type="checkbox"/> Trial 2 (Sun)   | Entry fees: _____ x \$ 28.00 = _____<br>OTCH/MOTCH _____ x \$ 50.00 = _____<br>TCN Fees: _____ x \$ 11.50 = _____<br>Ex. Only: _____ x \$ 8.00 = _____<br>Catalog: _____ x \$ 5.00 = _____<br>Total: _____ |  |
| <b>*Use separate entry forms for Obedience and Rally*</b>  |  |  |
| Please Print or type CLEARLY   |  |  |
| <b>Enter in one only of the following classes</b><br><b>CONFORMATION</b><br><input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open HA <input type="checkbox"/> Utility A<br><input type="checkbox"/> Novice A <input type="checkbox"/> Open 18A <input type="checkbox"/> Utility B<br><input type="checkbox"/> Novice B <input type="checkbox"/> Open HB<br><input type="checkbox"/> Novice C <input type="checkbox"/> Open 18B      Rally Jump Height _____<br><input type="checkbox"/> Novice Intermediate <input type="checkbox"/> Exhibition Only   |  |  |
| <b>BREED</b>   | <b>VARIETY</b>   | <b>SEX</b>   |
| <b>NAME OF DOG</b>   |  |  |
| <b>Check one &amp; enter Reg # here</b><br>___ CKC Reg #<br>___ CKC ERN #<br>___ CKC MSC # _____<br>___ TCN  | <b>Date Of Birth</b><br>_____<br>Day    Month    Year  | <b>Place Of Birth</b><br>___ Canada<br>___ Elsewhere |
| <b>BREEDER</b>   |  |  |
| <b>SIRE</b>  |  |  |
| <b>DAM</b>   |  |  |
| <b>REG. OWNER</b>  |  |  |
| <b>OWNER ADDRESS</b>   |  |  |
| <b>CITY</b>  | <b>PROV</b>  | <b>POST CODE</b>                                     |
| <b>AGENT NAME</b>  |  |  |
| <b>AGENT ADDRESS</b>   |  |  |
| <b>CITY</b>  | <b>PROV</b>  | <b>POST CODE</b>                                     |
| Mail ID to: ___ OWNER    or    ___ AGENT   |  |  |
| I CERTIFY that I am the registered owner(s) of this dog or that I am the authorized agent of the owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused. |  |  |
| Signature of agent or owner _____  |  | Phone Number _____                                   |
| Email: _____   |  |  |

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|--|---|--|
| Official Canadian Kennel Club Entry Form   |   | Administrative use only                              |
| <b>Cobequid Dog Club<br/>Rally-Obedience Entry Form</b>  |   |  |
| <input type="checkbox"/> Trial 1 (Sat)<br><input type="checkbox"/> Trial 2 (Sun)   | Entry fees _____ x \$ 28.00 = _____<br>RAE _____ x \$ 50.00 = _____<br>Team _____ x \$ 20.00 = _____<br>TCN Fees: _____ x \$ 11.50 = _____<br>Ex. Only: _____ x \$ 8.00 = _____<br>Catalog: _____ x \$ 5.00 = _____<br>Total: _____ |  |
| <b>*Use separate entry forms for Obedience and Rally*</b>  |   |  |
| Please Print or type CLEARLY   |   |  |
| <b>Enter in one only of the following classes</b><br><b>CONFORMATION</b><br><input type="checkbox"/> Novice A <input type="checkbox"/> Excellent A <input type="checkbox"/> Team Class _____<br><input type="checkbox"/> Novice B <input type="checkbox"/> Excellent B<br><input type="checkbox"/> Intermediate <input type="checkbox"/> Master      Rally Jump Height _____<br><input type="checkbox"/> Advanced A <input type="checkbox"/> Ex. Only<br><input type="checkbox"/> Advanced B   |   |  |
| <b>BREED</b>   | <b>VARIETY</b>  | <b>SEX</b>   |
| <b>NAME OF DOG</b>   |   |  |
| <b>Check one &amp; enter Reg # here</b><br>___ CKC Reg #<br>___ CKC ERN #<br>___ CKC MSC # _____<br>___ TCN  | <b>Date Of Birth</b><br>_____<br>Day    Month    Year   | <b>Place Of Birth</b><br>___ Canada<br>___ Elsewhere |
| <b>BREEDER</b>   |   |  |
| <b>SIRE</b>  |   |  |
| <b>DAM</b>   |   |  |
| <b>REG. OWNER</b>  |   |  |
| <b>OWNER ADDRESS</b>   |   |  |
| <b>CITY</b>  | <b>PROV</b>   | <b>POST CODE</b>                                     |
| <b>AGENT NAME</b>  |   |  |
| <b>AGENT ADDRESS</b>   |   |  |
| <b>CITY</b>  | <b>PROV</b>   | <b>POST CODE</b>                                     |
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| Signature of agent or owner _____  |   | Phone Number _____                                   |
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