

OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM <b>OTTAWA VALLEY GOLDEN RETRIEVER CLUB</b> Obedience Trials	
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Make cheques payable to: <b>DESS</b> Mail entries to: DESS 1562, Route 203 Howick QC J0S-1G0	Each dog per trial.....\$30.00 Day of trial.....\$35.00 Exhibition Only.....\$5.00 Listing fee per class.....\$9.04 Catalogue.....\$2.00	<input type="checkbox"/> Trial #146 (Sat) <input type="checkbox"/> Trial #147 (Sat)  <input type="checkbox"/> PREPAID CATALOGUE
ENTRY FEES \$ _____ LISTING FEES \$ _____ ENCLOSED \$ _____		

**PLEASE TYPE OR PRINT CLEARLY**

<b>BREED</b>	<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>ENTER IN THE FOLLOWING CLASSES:</b>		
<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> NOVICE A <input type="checkbox"/> UTILITY A <input type="checkbox"/> NOVICE B <input type="checkbox"/> UTILITY B <input type="checkbox"/> NOVICE C <input type="checkbox"/> EXHIBITION <input type="checkbox"/> OPEN C <input type="checkbox"/> OPEN B	<b>JUMPS:</b>  Height  Width	

**REG. NAME OF DOG**

<b>CHECK ONE ,ENTER NUMBER HERE</b>	<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED	____/____/____ Day    Month    Year	<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE

**BREEDER(S)**

**SIRE**

**DAM**

**REG'D OWNER(S)**

**OWNER'S ADDRESS**

CITY	PROV./STATE	POSTAL CODE
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**NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW**

**AGENT'S ADDRESS**

CITY	PROV./STATE	POSTAL CODE
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**MAIL ID TO:**     OWNER     AGENT

**SEND MY CONFIRMATION & SHOW SCHEDULE BY**  EMAIL  MAIL (please check one, default will be email)

I CERTIFY that I am the registered owner(s) of the 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.

**SIGNATURE OF OWNER OR AGENT**                      **TELEPHONE NUMBER**

**E-MAIL ADDRESS:**

OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM <b>OTTAWA VALLEY GOLDEN RETRIEVER CLUB</b> Rally Obedience Trials	
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Make cheques payable to: <b>DESS</b> Mail entries to: DESS 1562, Route 203, 203, Howick, QC J0S-1G0	Each dog per trial.....\$30.00 Day of trial.....\$29.00 Exhibition Only.....\$5.00 Listing fee per class.....\$9.04 Catalogue.....\$2.00	<input type="checkbox"/> Trial #1 (Sun) <input type="checkbox"/> Trial #2 (Sun) <input type="checkbox"/> PREPAID CATALOGUE
ENTRY FEES \$ _____ LISTING FEES \$ _____ ENCLOSED \$ _____		

**PLEASE TYPE OR PRINT CLEARLY**

<b>BREED</b>	<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>ENTER IN THE FOLLOWING CLASSES:</b>		
<input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> NOVICE B <input type="checkbox"/> EXCELLENT A <input type="checkbox"/> ADVANCED A <input type="checkbox"/> EXCELLENT B <input type="checkbox"/> ADVANCED B <input type="checkbox"/> EXHIBITION	<b>JUMPS:</b>  Height  Width	

**REG. NAME OF DOG**

<b>CHECK ONE ,ENTER NUMBER HERE</b>	<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED	____/____/____ Day    Month    Year	<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE

**BREEDER(S)**

**SIRE**

**DAM**

**REG'D OWNER(S)**

**OWNER'S ADDRESS**

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