

**OFFICIAL CANADIAN KENNEL CLUB FORM -
OBEDIENCE AND RALLY OBEDIENCE - August 17, 18, 19 & 20, 2017**



<input type="checkbox"/>	OBED. TRIAL 1	Thursday	<input type="checkbox"/>	RALLY TRIAL 1	Thursday
<input type="checkbox"/>	OBED. TRIAL 2	Friday	<input type="checkbox"/>	RALLY TRIAL 2	Friday
<input type="checkbox"/>	OBED. TRIAL 3	Saturday	<input type="checkbox"/>	RALLY TRIAL 3	Saturday
<input type="checkbox"/>	OBED. TRIAL 4	Sunday	<input type="checkbox"/>	RALLY TRIAL 4	Sunday
Wpg Area Shetland Sheepdog Assoc. Specialty Trial – Saturday, Aug 19					

FEES: Entry _____ Listing _____ Pre Ordered Catalogue _____ TOTAL
Reserved Benching (includes power) _____ CHARGES _____

Breed	Variety	Sex
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OBEDIENCE CLASSES		RALLY CLASSES	
<input type="checkbox"/> Pre Novice	<input type="checkbox"/> Novice Interm.	<input type="checkbox"/> Novice A	<input type="checkbox"/> Advanced A
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open A	<input type="checkbox"/> Novice B	<input type="checkbox"/> Advanced B
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open B	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Excellent A
<input type="checkbox"/> Novice C	<input type="checkbox"/> Utility A		<input type="checkbox"/> Excellent B
<input type="checkbox"/> Utility B	<input type="checkbox"/> Veteran (WASSA only)	Height _____ Length _____	

Reg. Name of Dog _____

Check One	Enter Number Here	Date of Birth
<input type="checkbox"/> CKC Reg. No.	<input style="width: 150px; height: 40px;" type="text"/>	Day _____ Month _____ Year _____
<input type="checkbox"/> CKC ERN No.		Place of Birth
<input type="checkbox"/> CKC Misc. Cert. No.		Canada _____ Elsewhere _____
<input type="checkbox"/> Listed		
<input type="checkbox"/> PEN No.	<input type="checkbox"/> Cdn Companion No.	

Breeder(s) _____

Sire _____

Dam _____

Name of Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov/State _____ Code _____

Name of Agent, if any _____

Agent's Address _____

City _____ Prov/State _____ Code _____

Mail Acknowledgements to: Owner Agent

IF APPLICABLE, FEES MAY BE CHARGED TO: Visa Mastercard

Card Number _____ CCV (3 digit No.) _____

Cardholder's Name _____ Expiry Date _____

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 agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in this premium list. I also agree by supplying my credit card number that I hereby allow Manitoba K9 Association to charge my entry fees plus a 10% handling fee to my credit card.

Signature of _____ Telephone # _____

Owner or Agent _____

Email Address _____

Please note: email address required to send confirmation of entry and judging schedule information