OFFICE USE



## OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OTTAWA VALLEY GOLDEN RETRIEVER CLUB

ENCLOSED

## Obedience Trials



Make cheques payable to: **OVGRC**Mail entries to: Donna LaHaise,
P.O. Box 28, Richmond, ON
K0A 2Z0

Each dog per trial		\$29.00
Day of trial		\$35.00
Exhibition Only		\$5.00
Listing fee per clas	s	\$9.04
Catalogue		
ENTRY FEES	\$	
LITTICE I LLO	Ψ	
LISTING FEES	\$	
LIGHNIGHTL	Ψ	

☐ Trial #134 (Sat)
□ Trial #135 (Sat)
□ Trial #136 (Sun)
□ Trial #137 (Sun)
IT DREDAID CATALOGUE

PLEASE TYPE OR PRINT CLEARLY				,	
BREED			VARIETY	MALE	FEMALE
ENTER IN THE FOLLOWING CLASSES	S:	•		•	
PRE-NOVICE NOVICE INT NOVICE A UTILITY A NOVICE B UTILITY B NOVICE C EXHIBITION OPEN A OPEN B			JUMPS: Height Width		
REG. NAME OF DOG					
CHECK ONE ,ENTER NUMBER HERE	CHECK ONE ,ENTER NUMBER HERE DATE OF BIF		IRTH		
CKC REG. NO. CKC MISC. CERT. NO. CKC ERN NO. LISTED	// Day Month		_/   -	EL CEWLIEDE	
BREEDER(S)					
SIRE					
DAM					
REG'D OWNER(S)					
OWNER'S ADDRESS					
CITY			PR	OV./STATE	POSTAL CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW					
AGENT'S ADDRESS					
CITY			PR	OV./STATE	POSTAL CODE
MAIL ID TO:	OWNER	AGENT			
SEND MY CONFIRMATION & SHOW SCHEDULE BYEMAILMAIL (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	OF OWNER OR AGENT		TE	TELEPHONE NUMBER	
E-MAIL ADDRESS:			I		

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☐ PREPAID CATALOGUE

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PLEASE TYPE OR PRINT CLEARLY					
BREED			VARIETY	MALE	FEMALE
ENTER IN THE FOLLOWING CLASSE	S:			· ·	
PRE-NOVICE NOVICE IN	TERMEDIATE		JUMPS:		
NOVICE A UTILITY A					
NOVICE B UTILITY B			Height		
NOVICE C EXHIBITION	1		Width		
OPEN A OPEN B			width		
01 EIV B			1		1
REG. NAME OF DOG					
CHECK ONE ,ENTER NUMBER HERE		DATE OF	BIRTH		
CKC REG. NO.				PLACE OF BIRT	'н
CKC MISC. CERT. NO. CKC ERN NO.		,	,	CANADA	
LISTED		Day Month		ELSEWHE	RE
DDEEDED(8)		,,			
BREEDER(S)					
SIRE					
DAM					
REG'D OWNER(S)					
OWNER'S ADDRESS					
CITY					
			F	PROV./STATE	POSTAL CODE
NAME OF OWNER'S AGENT					
(IF ANY) AT THE SHOW					
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E-MAIL ADDRESS:					