

	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Cal K-9 Obedience Club of Calgary OBEDIENCE TRIALS SATURDAY December 5, 2020		
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I ENCLOSE \$ _____	ENTRY FEES \$ _____	LISTING FEES \$ _____	
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Entries Close 6 pm MST Sunday November 29, 2020

PLEASE TYPE OR PRINT CLEARLY – FILL IN ONE ENTRY FORM PER DOG PER TRIAL(S)

BREED _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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Trial # 1 <input type="checkbox"/>	Trial # 2 <input type="checkbox"/>	
<input type="checkbox"/> Pre Novice <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Novice C <input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Open HA <input type="checkbox"/> Open 18A <input type="checkbox"/> Open HB <input type="checkbox"/> Open 18B	<input type="checkbox"/> Utility A <input type="checkbox"/> Utility B

Jump Height: _____ / _____

REG. NAME OF DOG _____

CHECK ONE AND ENTER NUMBER HERE <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NUMBER: _____	DATE OF BIRTH _____ / _____ / _____ <small>Day Month Year</small>	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE		

BREEDER(S) _____

SIRE _____

DAM _____

REG'D OWNER(S) _____

CKC MEMBERSHIP NUMBER _____

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

Email (for schedule and fax confirmation) _____

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 _____
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	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Cal K-9 Obedience Club of Calgary OBEDIENCE TRIALS SUNDAY December 6, 2020		
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I ENCLOSE \$ _____	ENTRY FEES \$ _____	LISTING FEES \$ _____	
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Entries Close 6 pm MST Sunday November 29, 2020

PLEASE TYPE OR PRINT CLEARLY – FILL IN ONE ENTRY FORM PER DOG PER TRIAL(S)

BREED _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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Trial # 3 <input type="checkbox"/>	Trial # 4 <input type="checkbox"/>	
<input type="checkbox"/> Pre Novice <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Novice C <input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Open HA <input type="checkbox"/> Open 18A <input type="checkbox"/> Open HB <input type="checkbox"/> Open 18B	<input type="checkbox"/> Utility A <input type="checkbox"/> Utility B

Jump Height: _____ / _____

REG. NAME OF DOG _____

CHECK ONE AND ENTER NUMBER HERE <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NUMBER: _____	DATE OF BIRTH _____ / _____ / _____ <small>Day Month Year</small>	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE		

BREEDER(S) _____

SIRE _____

DAM _____

REG'D OWNER(S) _____

CKC MEMBERSHIP NUMBER _____

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

Email (for schedule and fax confirmation) _____

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 _____
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