

 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="margin: 0;">Cobequid Dog Club</h2>	Administrative use only
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<input type="checkbox"/> Obed Trial (Sat) <input type="checkbox"/> Rally Trial 1 (Sat) <input type="checkbox"/> Obed Trial 2 (Sun) <input type="checkbox"/> Rally Trial 2 (Sun) <input type="checkbox"/> Catalog USE SEPARATE ENTRY FORMS FOR RALLY AND OBEDIENCE	<table style="width:100%; border: none;"> <tr> <td style="width:30%;">Entry fees: ___ x \$28.00 = _____</td> <td style="width:30%;">RAE,OTCHX ___ x \$50.00 = _____</td> <td style="width:40%;"></td> </tr> <tr> <td>Rally Team ___ x \$20.00 = _____</td> <td>Listing Fees: ___ x \$ 9.80= _____</td> <td></td> </tr> <tr> <td>Ex. Only: ___ x \$ 8.00 = _____</td> <td>Catalog: ___ x \$ 8.00 = _____</td> <td></td> </tr> <tr> <td colspan="3">Total: _____</td> </tr> </table>	Entry fees: ___ x \$28.00 = _____	RAE,OTCHX ___ x \$50.00 = _____		Rally Team ___ x \$20.00 = _____	Listing Fees: ___ x \$ 9.80= _____		Ex. Only: ___ x \$ 8.00 = _____	Catalog: ___ x \$ 8.00 = _____		Total: _____		
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Total: _____													

Please Print or type CLEARLY

Enter in one only of the following classes			
RALLY OBEDIENCE			
<input type="checkbox"/> Novice A	<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Novice A	<input type="checkbox"/> Excellent A
<input type="checkbox"/> Novice B	<input type="checkbox"/> Novice C	<input type="checkbox"/> Novice B	<input type="checkbox"/> Excellent B
<input type="checkbox"/> Open A	<input type="checkbox"/> Novice Int.	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Team Novice
<input type="checkbox"/> Open B	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Advanced B	<input type="checkbox"/> Team Advanced
<input type="checkbox"/> Utility A		<input type="checkbox"/> Advanced B	<input type="checkbox"/> Team Excellent
<input type="checkbox"/> Utility B	Jump Height _____		Rally Jump Height _____

BREED	VARIETY	SEX
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NAME OF DOG

Check one & enter Reg # here <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	Date Of Birth _____ <small>Day Month Year</small>	Is this a puppy? YES ___ NO ___ Place Of Birth ___ Canada ___ Elsewhere
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BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
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AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
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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
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Email: _____

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