



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM  
OBEDIENCE

For office use only.

**FORBIDDEN PLATEAU OBEDIENCE AND  
TRACKING CLUB  
ALL-BREED TRACKING TEST**

**Sunday, March 16, 2014**

**Limited Entries: - 6 TD's and 3 TDX's or 4 TD's and 4 TDX's**

**ENTRY FEES: T.D. \$65.00; T.D.X. \$80.00; CKC LISTING FEE: \$8.90**

Make cheques payable to: **F.P.O.T.C.** and *mail* to:

**Carol Redekopp, Test Secretary,  
1657 Maquinna Ave., Comox, BC V9M 3K9**

**ACCEPTANCE DATE: Thursday, February 27, 2014**

**CLOSING DATE: Wednesday, March 5, 2014 @ 6:00 pm**

Fees: Entry Fee \$ _____ Listing Fee: \$ _____ Total: \$ _____		
Test Entered: TD <input type="checkbox"/> TDX <input type="checkbox"/>		
Reg. Name of Dog: _____		
Breed: _____	Variety: _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Check One and Enter Number <input type="checkbox"/> CKC Registration # <input type="checkbox"/> CKC Miscellaneous # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> Listed <input type="checkbox"/> CKC PEN # _____	Date of Birth: D _____ M _____ Y _____	Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
Breeder(s): _____		
Sire: _____		
Dam: _____		
Reg. Owners: _____		
Owner's Address: _____		
Owner's CKC Membership No: _____		
Name of Agent (if any): _____		
Agent's Address: _____		
Mail to be sent to: <input type="checkbox"/> Owner or <input type="checkbox"/> Agent		

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