OFFICE USE	OFFICIAL CANA			GOLDEN RETRIEVER		
Make cheques payable to: Mail entries to: Donna LaH P.O. Box 28, Richmond, O K0A 2Z0	Iaise, N List Cat	ibition Only	\$	\$29.00 \$5.00 \$9.04 \$2.00 \$2.00	□ Trial #1 □ Trial #1 □ Trial #1 □ Trial #1	15 (Sat) 16 (Sun)
PLEASE TYPE OR PRINT CLEARL	.Y					
BREED				VADIETV	MALE	FEMALE
ENTER IN THE FOLLOWING CLAS	SES:			VARIETY		
	INTERMEDIATE			JUMPS:		
NOVICE BUTILITY NOVICE C EXHIBIT				Height		
OPEN A OPEN B				Width		
				1		1
REG. NAME OF DOG	ì					
CHECK ONE ,ENTER NUMBER HE	RE	D	ATE OF E	BIRTH		
CKC REG. NO. CKC MISC. CERT. NO.				PL	ACE OF BIRT	н
CKC ERN NO.				_/	CANADA ELSEWHE	DE
LISTED		Day	Month	Year –		IKE
BREEDER(S)						
0.55						
SIRE						
DAM						
REG'D OWNER(S)						
REG D OWNER(S)						
OWNER'S ADDRESS						
CITY						
				PRO	V./STATE	POSTAL CODE
NAME OF OWNER'S AGENT						
(IF ANY) AT THE SHOW						
(IF ANY) AT THE SHOW						
(IF ANY) AT THE SHOW AGENT'S ADDRESS CITY				PRO	DV./STATE	POSTAL CODE
(IF ANY) AT THE SHOW	OWNER	AGE	NT	PRO	OV./STATE	POSTAL CODE
(IF ANY) AT THE SHOW AGENT'S ADDRESS CITY MAIL ID TO: SEND MY CONFIRMATION & SHOW	W SCHEDULE BY _	EMAIL	M	AIL (please che	ck one, defau	lt will be email)
(IF ANY) AT THE SHOW AGENT'S ADDRESS CITY MAIL ID TO: SEND MY CONFIRMATION & SHOV I CERTIFY that I am the registered o entered above and accept full respor I (we) agree to be bound by the rules	W SCHEDULE BY wner(s) of the dog o nsibility for all statem	EMAIL	MA authorize	AIL (please che d agent of the o In consideratio	ck one, defau wner(s) whose n of the accep	It will be email) name(s) I have tance of this entry,
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DFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM DTTAWA VALLEY GOLDEN RETRIEVER CLUB Obedience Trials					GOLDEN RETRIEVER			
Make cheques payable to: O Mail entries to: Donna LaHa P.O. Box 28, Richmond, ON K0A 2Z0	ise, ENTR LISTING	ition Onl g fee per			\$	5.00 9.04	□ Trial #1 □ Trial #1 □ Trial #1 □ Trial #1 □ PREPA	15 (Sat) 16 (Sun)	
PLEASE TYPE OR PRINT CLEARLY									
BREED				v	ARIETY	,	MALE	FEMALE	
ENTER IN THE FOLLOWING CLASSI	ES:			V.					
PRE-NOVICE NOVICE NOVICE NOVICE UTILITY A NOVICE B UTILITY A NOVICE C EXHIBITIC OPEN A OPEN B				1	JUMPS: Height Width				
REG. NAME OF DOG									
IECK ONE ,ENTER NUMBER HERE CKC REG. NO. CKC MISC. CERT. NO. CKC ERN NO. LISTED			DATE OF BIRTH			PLA	CE OF BIRTH _ CANADA _ ELSEWHERE		
SREEDER(S)									
REG'D OWNER(S)									
DWNER'S ADDRESS									
CITY						PROV	./STATE	POSTAL CODE	
NAME OF OWNER'S AGENT IF ANY) AT THE SHOW									
AGENT'S ADDRESS									
CITY						PROV	/STATE	POSTAL CODE	
MAIL ID TO:	OWNER		AGENT						
SEND MY CONFIRMATION & SHOW	SCHEDULE BY	EM	AIL	MAIL	(please	checl	c one, defau	It will be email)	
CERTIFY that I am the registered own entered above and accept full responsi (we) agree to be bound by the rules a appearing in the premium list.	bility for all statemen	nts mad	e in this enti	try. In	conside	ration (of the accept	ance of this entry,	
SIGNATURE OF OWNER OR AGENT						TELE	PHONE NUM	IBER	
E-MAIL ADDRESS:									