

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION	OFFICE USE
SASKATOON KENNEL & OBEDIENCE CLUB September 2nd – September 5th, 2022		

CONFORMATION		
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday	_____ Entry Fee _____ Prepaid Catalogue @ \$15.00 _____ Listing Fee	

PLEASE TYPE OR PRINT CLEARLY

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES: <input type="checkbox"/> JUNIOR PUPPY _____ EXHIBITION ONLY <input type="checkbox"/> SENIOR PUPPY _____ EXHIBITION ONLY (4-6 Months) <input type="checkbox"/> 12 – 18 MONTH _____ ALTERED <input type="checkbox"/> CANADIAN BRED _____ OWNER / HANDLER (Sunday) <input type="checkbox"/> BRED BY EXHIBITOR _____ BABY PUPPY (Saturday) <input type="checkbox"/> OPEN _____ VETERAN <input type="checkbox"/> SPECIALS ONLY _____ BRACE (Friday)		

REG'D NAME OF DOG

CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> CKC PEN NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC TCN NO.	DATE OF BIRTH _____ / _____ / _____ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER		PLACE OF BIRTH CANADA ELSEWHERE	

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY	PROV / STATE	POSTAL / ZIP CODE
-------------	---------------------	--------------------------

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY	PROV / STATE	POSTAL / ZIP CODE
-------------	---------------------	--------------------------

IDs will not be mailed – please supply email address below for entry confirmation

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		EXPIRY
CARD NO. _____		_____/_____/_____
CARDHOLDER NAME (PLEASE PRINT) _____		

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 _____
--

E-MAIL ADDRESS: _____	TELEPHONE NUMBER _____
------------------------------	-------------------------------

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE & RALLY OBEDIENCE	OFFICE USE
SASKATOON KENNEL & OBEDIENCE CLUB September 2nd – September 5th, 2022		

RALLY OBEDIENCE			OBEDIENCE		
<input type="checkbox"/> #1 _____ Sunday #1 <input type="checkbox"/> #2 _____ Sunday #2 <input type="checkbox"/> #3 _____ Monday #1 <input type="checkbox"/> #4 _____ Monday #2	_____ Entry Fee _____ Listing Fee _____ Prepaid Catalogue @ \$15.00	<input type="checkbox"/> #1 _____ Friday #1 <input type="checkbox"/> #2 _____ Friday #2 <input type="checkbox"/> #3 _____ Saturday #1 <input type="checkbox"/> #4 _____ Saturday #2			

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
--------------	----------------	--

ENTER IN THE FOLLOWING CLASSES:		
RALLY OBEDIENCE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED A <input type="checkbox"/> ADVANCED B <input type="checkbox"/> EXCELLENT A <input type="checkbox"/> EXCELLENT B <input type="checkbox"/> MASTER	<input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT	OBEDIENCE <input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTER. <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 <input type="checkbox"/> VETERANS (Friday #2) <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT

REG'D NAME OF DOG

CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC TCN NO.	DATE OF BIRTH _____ / _____ / _____ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER		PLACE OF BIRTH CANADA ELSEWHERE	

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY	PROV / STATE	POSTAL / ZIP CODE
-------------	---------------------	--------------------------

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY	PROV / STATE	POSTAL / ZIP CODE
-------------	---------------------	--------------------------

IDs will not be mailed – please supply email address below for entry confirmation

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		EXPIRY
CARD NO. _____		_____/_____/_____
CARDHOLDER NAME (PLEASE PRINT) _____		

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 _____
--

E-MAIL ADDRESS: _____	TELEPHONE NO: _____
------------------------------	----------------------------

