OFFICIAL OBEDIENCE ENTRY FORM

Saskatoon Kennel & Obedience Club Inc.

Saturday		Sunday			
☐ Trial #1		☐ Trial #3	☐ Trial #4		
I ENCLOSE \$		FOR LISTING FEES			
	Please type or print cle	early	CATALOGUE \$5.00		
Breed			Sex		
Enter in the following Pre Novice Novice A Novice B Novice C	Class: Novice Intermediate Open A (H) Open B (H) Open A (18)	Open B (18) Utility A Utility B Exhibition Only	JUMP: HT WD Brace Team		
Reg'd Name of Dog:					
Check one - and - En CKC Reg. No. CKC ERN No CKC Misc.Cert. Listed CKC PEN Breeder(s)		Date of Birth D M Place of Birth □ Canada	_		
Sire					
Dam					
Reg'd Owner(s)					
Owner's Address					
City	Prov.	Postal Code			
Name of Owner's Age	nt (if any) at the show:				
Agent's Address					
City	Prov.	Postal Code			
Mail I.D. to:	Owner	nt			
	TOLL-FREE FAX: 1-877-993-6879 DogShow				
	redit card payments will go	_			
Visa Mastercard 1	Interac Am Express F	EFT			
Card #		Expir	y Date/		
Name of Card Holder:					
whose name(s) I have ent consideration of the accept	registered owner(s) of the dog ered above and accept full res otance of this entry, I(we) agre d by any additional rules and	ponsibility for all statements are to be bound by the rules an	made in this entry. In d regulations of the		
		()			
SIGNATURE OF OW	NER/AGENT	() TELEPHONE NUI	MBER		
EMAIL					
E-MAIL PLEASE PRINT CLEA	RIV				

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	Please type or print cle	early <u>Prepaii</u>	CATALOGUE \$5.00
Breed			Sex
Enter in the following	Class:		
☐ Pre Novice	☐ Novice Intermediate	☐ Open B (18)	JUMP:
☐ Novice A	Open A (H)	Utility A	HT
☐ Novice B	Open B (H)	☐ Utility B	WD
☐ Novice C	☐ Open A (18)	☐ Exhibition Only	Brace Tean
			☐ Veteran
Reg'd Name of Dog:			
Check one - and - E	nter Number here	Date of Birth	
CKC Reg. No.	inter realiser nere	D M	Y
CKC ERN No		D IVI	1
	NI-		
CKC Misc.Cert.		DI CD.	1.
	KC CCN	Place of Bi	_
CKC PEN		Canada	Elsewhere
Breeder(s)			
Sire			
Dam			
Reg'd Owner(s)			
Owner's Address			
City	Prov.	Postal Code	
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Mail I.D. to:	Owner Agen	ıt.	
Maii I.D. to.	Owner Agen TOLL-FREE FAX: 1-87		
C	redit card payments will go		
	Interac Am Express F		
Card #	micrae run Express r		y Date/
Name of Card Holder:		схрії	y Date
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		()	
SIGNATURE OF OW	NER/AGENT	TELEPHONE NU	MBER
E-MAIL	DIV		
ELEASE PRINTE HA			