

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBDIENCE <b>CRANBROOK &amp; DISTRICT</b> <b>KENNEL CLUB</b> <b>September 29 - September 30, 2018</b>	OFFICE USE	
<b>OBDIENCE TRIALS</b>		Entry fee _____ Listing fee _____ Catalogue _____ TOTAL _____	
<input type="checkbox"/> Saturday #1 <input type="checkbox"/> Sunday #3 <input type="checkbox"/> Saturday #2 <input type="checkbox"/> Sunday #4			
PLEASE TYPE OR PRINT CLEALY _____ PREPAID CATALOGUE _____			
<b>BREED</b>		<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:			
<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> OPEN HB <input type="checkbox"/> NOVICE A <input type="checkbox"/> OPEN 18A <input type="checkbox"/> NOVICE B <input type="checkbox"/> OPEN 18B <input type="checkbox"/> NOVICE C <input type="checkbox"/> UTILITY A <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> UTILITY B <input type="checkbox"/> OPEN HA <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> JUMP HEIGHT		<input type="checkbox"/> GRADUATE NOVICE <input type="checkbox"/> GRADUATE OPEN <input type="checkbox"/> BRACE <input type="checkbox"/> TEAM <input type="checkbox"/> VETERANS <input type="checkbox"/> VERSATILITY <input type="checkbox"/> WILD CARD _____ LEVEL _____	
<b>REG'D. NAME OF DOG</b>			
<b>CHECK ONE &amp; ENTER NUMBER BELOW:</b> <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO.		<b>DATE OF BIRTH</b> _____ / _____ / _____ Day      Month      Year	<b>ON SHOW DATE IS THIS A PUPPY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NUMBER:</b> _____		<b>PLACE OF BIRTH</b> <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
<b>BREEDER(S)</b>			
<b>SIRE</b>			
<b>DAM</b>			
<b>REG'D OWNER(S)</b>		CKC MEMBERSHIP # _____	
<b>OWNER'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
<b>NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW</b>			
<b>AGENT'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
<b><u>IDs will not be mailed – please supply email address below for entry confirmation</u></b>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____			EXPIRY _____ / _____
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.			
<b>SIGNATURE OF OWNER OR AGENT</b>		<b>TELEPHONE NUMBER:</b> _____	
<b>E-MAIL ADDRESS:</b> _____			

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM RALLY OBDIENCE <b>CRANBROOK &amp; DISTRICT</b> <b>KENNEL CLUB</b> <b>September 29 - September 30, 2018</b>	OFFICE USE	
<b>RALLY OBDIENCE TRIALS</b>		Entry fee _____ Listing fee _____ Catalogue _____ TOTAL _____	
<input type="checkbox"/> Saturday #1 <input type="checkbox"/> Sunday #3 <input type="checkbox"/> Saturday #2 <input type="checkbox"/> Sunday #4			
PLEASE TYPE OR PRINT CLEARLY _____			
<b>BREED</b>		<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:			
<input type="checkbox"/> NOVICE A (RN) <input type="checkbox"/> NOVICE B (RN) <input type="checkbox"/> INTERMEDIATE (RI) <input type="checkbox"/> ADVANCED "A"		<input type="checkbox"/> ADVANCED "B" (RA) <input type="checkbox"/> EXCELLENT "A" (RE) <input type="checkbox"/> EXCELLENT "B" (RE) <input type="checkbox"/> MASTER (RM) <input type="checkbox"/> JUMP HEIGHT _____	
		<input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> PREPAID CATALOGUE	
<b>REG'D. NAME OF DOG</b>			
<b>CHECK ONE &amp; ENTER NUMBER BELOW:</b> <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO.		<b>DATE OF BIRTH</b> _____ / _____ / _____ Day      Month      Year	<b>ON SHOW DATE IS THIS A PUPPY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NUMBER:</b> _____		<b>PLACE OF BIRTH</b> <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
<b>BREEDER(S)</b>			
<b>SIRE</b>			
<b>DAM</b>			
<b>REG'D OWNER(S)</b>		CKC MEMBERSHIP # _____	
<b>OWNER'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
<b>NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW</b>			
<b>AGENT'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
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<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____			EXPIRY _____ / _____
CARDHOLDER NAME (PLEASE PRINT) _____			
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<b>E-MAIL ADDRESS:</b> _____			