	OFFICIAL CANADIAN KENNEL CLUB FORM THE OTTAWA KENNEL CLUB Mail to: Diana Edwards Show Services 1562 Route 203, Howick, Qc J0S 1G0					
 Dec 7 - Trial 1 Dec 7 - Trial 2 Dec 8 - Trial 3 Dec 8 - Trial 4 						
Total: \$Entry Fees: \$	Listir	ig Fees: \$		ue: \$8.00		
Breed			Variety		Sex	
Enter in the following of Pre-Novice Novice A Novice B Novice C Nov. Inter Reg.Name of Dog	Open HA Open 18A Open HB	UtilitUtilit		Brace (S Jump:		
	<u> </u>		- - - - - - - - - -			
Check One and Enter CKC Reg.No. CKC ERN No. CKC Misc.Cert.No. Listed (no C.K.C.No CKC CCN No. CKC PEN No. Breeder(s)		D	Date of Bi	Inth Is t □ YE Place of Bi Canada □ I	rth	
bieedei(s)						
Sire						
Dam						
Reg'd Owner(s)						
Owner(s) Address						
City			Prov.	Postal C	Code	
Name of Owner's Age	nt (if any) at the	Show				
Agent's Address						
City			Prov.	Postal C	Code	
Mail / email I.D. to: Owner Agent SIGN/ Icertify that I am the registere have entered above and acce of this entry, I(we) agree to be rules and regulations appearing	ATURE OF OW downer(s) of the do ppt full responsibility i bound by the rules ng in the premium lis	NER OR AG g or that I am th or all statement and regulations t.	GENT e authorized ac s made in this e of the Canadia	TELE gent of the owner intry. In conside n Kennel Club ar	PHONE NUMBER (s) whose name(s) I ration of the acceptance ad by any additional	
EMAIL:						
FAX / EMAIL SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894						
Card number:	Expiry date					
Name of Card Holder:		Security #				