



OFFICIAL ENTRY FORM - **OBEDIENCE**
Calgary Kennel & Obedience Club

FRIDAY(Trial #1) **SATURDAY**(Trial #2) **SUNDAY**(Trial #4) **MONDAY**(Trial #6)
 SATURDAY(Trial #3) **SUNDAY**(Trial #5) Catalogue \$10.00
 I ENCLOSE _____ **FOR ENTRY FEES** _____ **FOR LISTING FEES** _____

Please type or print clearly

Breed	Variety	Sex
Enter in the following Official Events:		
<input type="checkbox"/> PreNovice	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Utility B
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open A	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open B	
<input type="checkbox"/> Novice C	<input type="checkbox"/> Utility A	
		JUMPS:
		Height _____
		Width _____

A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES

Reg'd. Name _____
 of Dog: _____

Check one - and - Enter Number here _____ |Date of Birth _____
 CKC Reg. No. _____ |D _____ M _____ Y _____
 CKC ERN No. _____
 CKC Misc. Cert. No. _____ |Place of Birth _____
 Listed CKC PEN No. CCN Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd owner(s) _____

Owner's Address _____

City _____ | Prov. _____ |Postal Code _____

Name of Owner's Agent (if any) at the show _____

Agent's Address _____

City _____ | Prov. _____ |Postal Code _____

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

DOGSHOW.CA TOLL FREE FAX ENTRIES Fax: (877) 993-6879

Visa ___ Mastercard___ Am Express ___
 Card No. _____ Expiry ____/____
 Name of Card Holder: _____

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 _____ **TELEPHONE NUMBER** _____

E-mail _____ Please print clearly



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