



# Official Kennel Club Entry Form

## Regina Kennel and Obedience Club

ALL BREED OBEDIENCE ENTRY ONLY ( LIMITED TO 300 MINUTES PER TRIAL)  
Make cheques payable to Regina Kennel and Obedience Club



**December 5, 6 and 7, 2019**

Thurs Dec 5 2019	<input type="checkbox"/> Trial # 1	
Fri Dec 6 2019	<input type="checkbox"/> Trial # 2	<input type="checkbox"/> Trial # 3
Sat Dec 7 2019	<input type="checkbox"/> Trial # 4	<input type="checkbox"/> Trial # 5

**Early Bird Close: Wed, Oct 31, 2019 at 11:59 pm CST Entries Close: Wed, Nov 13 2019 9:00 pm CST**

**Early Bird All 5 Trials (same dog, same class) \$120.00 or \$27.00 per dog/class**

**Entry Fees All Regular Classes \$30.00 per trial Exhib Only \$15.00 per trial Listing Fee \$10.50 per trial**

Entry Fee \$ _____	Listing Fee \$ _____	Total \$ _____
Pre Paid Catalog _____ x \$ 12.00	Total \$ _____	

BREED: _____	VARIETY: _____	SEX	Male <input type="checkbox"/>
			Female <input type="checkbox"/>

Regular Classes:	Jumps:		
<input type="checkbox"/> PreNovice	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Open 18A	Height _____
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open HA	<input type="checkbox"/> Utility A	
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open HB	<input type="checkbox"/> Utility B	Width _____
<input type="checkbox"/> Novice C	<input type="checkbox"/> Open 18A	<input type="checkbox"/> Exhibition Only	

Registered Name: \_\_\_\_\_

Check one ONLY	Enter Number	Date of Birth	
<input type="checkbox"/> CKC Reg #	<input type="checkbox"/> CKC PEN #	Day / Month / Year	Is this dog a puppy ?
<input type="checkbox"/> CKC ERN #	<input type="checkbox"/> CKC TCN # (Listed)	/ /	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> CKC Misc Cert #			
<input type="checkbox"/> CKC CCN #		Place of Birth	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere

Breeder/s \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg Owner/s \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Agent's Name (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

ID will NOT be mailed. Please supply email address below for entry confirmation

**Email** \_\_\_\_\_

**PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOUR CONFORMATION OF ENTRY**

**FOR MAIL OR DROP OFF ENTRIES ONLY 14 Mousing Bay, Regina. SK S4N 4H4**

For ONLINE Entries	VISA/MASTER CARD/AMERICAN EXPRESS INFORMATION		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMERICAN EXPRESS	
CARD # _____	Expiry Date _____ / _____	Month	Year
Name of Card Holder _____			
Signature _____		Phone # _____	

I certify that I am the registered owner/s of this dog or that I am the authorized agent of the owner/s whose name/s are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

SIGNATURE OF OWNER or AGENT

TELEPHONE NUMBER