



OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION HUB CITY KENNEL & OBEDIENCE CLUB September 3 rd & September 4 th , 2021	OFFICE USE									
<table style="width:100%;"> <tr> <td style="width:30%;">CONFORMATION</td> <td style="width:30%;">Entry Fee _____</td> <td style="width:30%;">Prepaid Catalogue @ \$15.00 _____</td> </tr> <tr> <td>Friday _____</td> <td>TCN Fee _____</td> <td></td> </tr> <tr> <td>Saturday _____</td> <td></td> <td></td> </tr> </table>			CONFORMATION	Entry Fee _____	Prepaid Catalogue @ \$15.00 _____	Friday _____	TCN Fee _____		Saturday _____		
CONFORMATION	Entry Fee _____	Prepaid Catalogue @ \$15.00 _____									
Friday _____	TCN Fee _____										
Saturday _____											
<i>PLEASE TYPE OR PRINT CLEARLY</i>											
BREED		VARIETY									
ENTER IN THE FOLLOWING CLASSES:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 - 18 MONTH	<input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> VETERAN <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY (4-6 Months)									
REG'D NAME OF DOG											
CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> TCN REG NO.	DATE OF BIRTH ____ / ____ / ____ Day / Month / Year									
		ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO									
NUMBER	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE										
BREEDER(S)											
SIRE											
DAM											
REG'D OWNER(S)		CKC MEMBERSHIP #									
OWNER'S ADDRESS											
CITY	PROV / STATE	POSTAL / ZIP CODE									
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW											
AGENT'S ADDRESS											
CITY	PROV / STATE	POSTAL / ZIP CODE									
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>											
<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.											
SIGNATURE OF OWNER OR AGENT _____											
E-MAIL ADDRESS: _____		TELEPHONE NUMBER _____									

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE & RALLY OBEDIENCE HUB CITY KENNEL & OBEDIENCE CLUB September 3 rd & September 5 th , 2021	OFFICE USE									
<table style="width:100%;"> <tr> <td style="width:30%;">OBEDIENCE</td> <td style="width:30%;">Entry Fee _____</td> <td style="width:30%;">RALLY OBEDIENCE</td> </tr> <tr> <td>Friday #1 _____</td> <td>TCN Fee _____</td> <td>Sunday #1 _____</td> </tr> <tr> <td>Friday #2 _____</td> <td></td> <td>Sunday #2 _____</td> </tr> </table>			OBEDIENCE	Entry Fee _____	RALLY OBEDIENCE	Friday #1 _____	TCN Fee _____	Sunday #1 _____	Friday #2 _____		Sunday #2 _____
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Friday #1 _____	TCN Fee _____	Sunday #1 _____									
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<i>PLEASE TYPE OR PRINT CLEARLY</i>											
BREED		VARIETY									
ENTER IN THE FOLLOWING CLASSES:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									
OBEDIENCE <input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTER. <input type="checkbox"/> OPEN HA <input type="checkbox"/> OPEN 18A	<input type="checkbox"/> OPEN HB <input type="checkbox"/> OPEN 18B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT	RALLY OBEDIENCE <input type="checkbox"/> EXCELLENT A <input type="checkbox"/> EXCELLENT B <input type="checkbox"/> MASTER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED A <input type="checkbox"/> ADVANCED B <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT									
REG'D NAME OF DOG											
CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> CKC ERN NO.	<input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO. <input type="checkbox"/> TCN REG NO.	DATE OF BIRTH ____ / ____ / ____ Day / Month / Year									
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SIRE											
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