Mail to:					A	rmband#		
Best in Show Services								
	bster Road		OBEI	DIENC	e er	NTRY F	-ORM	
	, Ontario							
K0L 2V0								
NAME	of Club: ham	IILT	on dog o	DBEDIENC	E CLU	В		
. ,	entered:							
FEES: ENTRY FEES		:		CATALOGUE:			TOTAL:	
LISTING FEES				NON-MEMBER:				
CLASS(ES) ENTERED	pleas	e circle de	sired class(e	es)			
PRE NC	VICE		OPEN	OPEN A B EX			EXHIBITION ONLY	
NOVICE	E ABC		UTILITY	A B				
NOVICE INTERMEDIATE						Jump Hei	ghts	
DOG I	NFORMATION	:						
REGIST	ERED NAME O	F DC)G:					
BREED							SEX: M	F
REGIST	RATION NUME	BER:						
Circle t	ype of number	: CKC	C ER	n pen ccn	MISC	ISTED		
DATE OF BIRTH: day:			mc	month: yea				
PUPPY: YES NO			Pla	Place of birth: CANADA			ELSEWHERE	
BREED	ER:							
SIRE:								
DAM:								
OWNE	R INFORMAT	ION	: M/	AIL ID TO:	OWN	ER	AGENT	
OWNE	R(S):							
ADDR	SS:							
				Email:				
AGENT								
AGENT	'S ADDRESS:							
				Email:				
I CERT.	IFY that I am ti	he re	aistered ov	vner(s) of th	ne doa i	or that I am	n the agent	

I CERTIFY that I am the registered owner(s) of the dog or that I am the agent authorized by the actual 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:

Telephone:

Mail to:	haw Camiaaa				А	rmband#			
Best in Show Services									
1412 Webster Road			RALLY ENTRY FORM						
Norwood, Ontario K0L 2V0									
	OF CLUB: HAM				<u></u>	•			
			JN DOG (BEDIENCE	CLUI	5			
. ,	entered:			CATALOCU					
FEES:	ENTRY FEES:	-		CATALOGUE:			TOTAL:		
LISTING FEES				NON-MEMBER:					
CLASS(I	ES) ENTERED p	leas	e circle des	sired class(es`)				
NOVICE A B			ADVANCE			EXHIBITION ONLY			
RALLY INTERMEDIATE			EXCELLEN	IT	ΑB	Jump Heigh	nts		
DOG I	NFORMATION:								
REGIST	ERED NAME OF	DO	G:						
BREED:							SEX: M	F	
REGIST	RATION NUMB	ER:							
Circle type of number: CKC ERN PEN CCN MISC LISTED									
DATE OF BIRTH: day:			month:			year:			
PUPPY:	PUPPY: YES NO Pla			ace of birth: CANADA			ELSEWHERE		
BREEDE	R:								
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OWNE									
ADDRE	SS:								
				Email:					
AGENT:									
AGENT'	S ADDRESS:								
				Email:					

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Telephone: