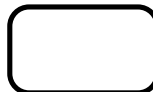




**THE OTTAWA KENNEL CLUB**

Mail to: Diana Edwards Show Services  
1562 Route 203, Howick, Qc J0S 1G0



**Obedience**

- May 28 - Trial 1
- May 28 - Trial 2
- May 29 - Trial 3
- May 29 - Trial 4

**Rally**

- May 28 - Trial 1
- May 28 - Trial 2
- May 29 - Trial 3
- May 29 - Trial 4

Total: \$Entry Fees: \$      Listing Fees: \$      Catalogue: \$8.00  
 Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

- |                                     |                                    |                                       |                                      |
|-------------------------------------|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Open A    | <input type="checkbox"/> Novice A     | <input type="checkbox"/> Excellent A |
| <input type="checkbox"/> Novice A   | <input type="checkbox"/> Open B    | <input type="checkbox"/> Novice B     | <input type="checkbox"/> Excellent B |
| <input type="checkbox"/> Novice B   | <input type="checkbox"/> Utility A | <input type="checkbox"/> Intermediate |                                      |
| <input type="checkbox"/> Novice C   | <input type="checkbox"/> Utility B | <input type="checkbox"/> Advanced A   |                                      |
| <input type="checkbox"/> Nov. Inter | Jump: _____                        | <input type="checkbox"/> Advanced B   | Jump: _____                          |

Reg.Name of Dog \_\_\_\_\_

Check One and Enter Number Here

- CKC Reg.No.
- CKC ERN No.
- CKC Misc.Cert.No.
- Listed (no C.K.C.No.)
- CKC CCN No.

Date of Birth    Is this a Puppy?  
 D \_\_\_ M \_\_\_ Y \_\_\_     YES     NO

Place of Birth

- 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 \_\_\_\_\_

Mail / email I.D. to: \_\_\_\_\_

- Owner
- Agent

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

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.

**Email:**

**FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894**

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_