

RALLY ENTRY FORM



OFFICIAL ENTRY FORM (RALLY)



OTTAWA VALLEY GOLDEN RETRIEVER CLUB

Rally Trials

Make Cheques Payable to: DESS Mail Entries to: DESS, 1562 Route 203, Howick, QC J0S 1G0 Fax: (450) 825-0894 diana@dess.ca www.dess.ca	Each Dog per Class \$30.00 Day of Trial Not Offered Exhibition Only \$5.00 Listing Fee per Class \$11.30 Catalogue \$2.00	Trial # 3 (Sunday) <input type="checkbox"/> Trial #4 (Sunday) <input type="checkbox"/> Prepaid Catalogue <input type="checkbox"/>
	Entry Fees \$ _____ Listing Fees \$ _____ Catalogue \$ _____ TOTAL Enclosed \$ _____	

PLEASE TYPE OR PRINT CLEARLY

CLASSES ENTERED

Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Advanced A <input type="checkbox"/> Advanced B <input type="checkbox"/>	Novice Intermediate <input type="checkbox"/> Excellent A <input type="checkbox"/> Excellent B <input type="checkbox"/> Master Class <input type="checkbox"/>	Exhibition <input type="checkbox"/>	Jumps Height: _____ Width: _____
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DOG INFORMATION

BREED _____ Male Female

REGISTERED NAME _____

CKC Reg. # CKC Miscellaneous # Registration Number: _____
 CKC ERN # Listed Place of Birth: _____
 CKC PEN # CKC CCN # DOB: _____ Canada Elsewhere

dd mm yy

Breeder _____
 Sire _____
 Dam _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s) _____ Membership No. _____
 _____ Membership No. _____
 _____ Membership No. _____

Owner's Address: _____
Street Address City Province Postal Code

Name of Agent/Handler: _____
 Agent's Address: _____
Street Address City Province Postal Code

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of 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.

Send my confirmation and show schedule by: **EMAIL** **MAIL** (please check one, default will be email)

Credit Card # _____ Expiry Date: _____ Security # _____

Signature of Owner or Agent _____ Telephone Number _____ Email Address _____