



OFFICIAL CANADIAN KENNEL CLUB FORM
LIMITED ENTRY OBEDIENCE TRIALS
SAULT STE. MARIE KENNEL CLUB

CLOSING DATE: 6:00 p.m.
 Saturday May 5, 2018
 (or when the limit is reached)

Make fees payable to
 SAULT STE. MARIE KENNEL CLUB
 and mail to:
 MJN Show Services
 9 Samya Court
 Scarborough, ON M1R 2A4

- Sat. MAY 19, 2018 *Trial #1*
 Sat. MAY 19, 2018 *Trial #2*
 Sun. MAY 20, 2018 *Trial #3*
 Sun. MAY 20, 2018 *Trial #4*

ENTRY FEES \$ _____
 (\$29.00 per trial)
 DAY OF ENTRY \$ _____
 (\$34.00 per trial)
 VETERANS \$ _____
 (\$12.00)
 LISTING FEES \$ _____
 (\$11.30 per trial)
 CATALOGUE \$ _____
 (\$6.00 each)
 TOTAL enclosed \$ _____

Please type or print clearly

Breed _____	Sex _____
Enter in the following Classes: <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open HA <input type="checkbox"/> Utility B <input type="checkbox"/> Novice A <input type="checkbox"/> Open HB <input type="checkbox"/> Veteran (Saturday, Trial #1 only) <input type="checkbox"/> Novice B <input type="checkbox"/> Open 18A <input type="checkbox"/> Brace <input type="checkbox"/> Novice C <input type="checkbox"/> Open 18B <input type="checkbox"/> Team <input type="checkbox"/> Novice Int. <input type="checkbox"/> Utility A <input type="checkbox"/> Exhibition Only	Jumps: _____ Height _____ Width _____

Reg. Name of Dog _____

Check One – and – Enter Number here <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> CKC CCN No. <input type="checkbox"/> Listed	Date of Birth D _____ M _____ Y _____	Is this a puppy? YES ___ NO ___
		Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____	Prov. _____	Code _____
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Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____	Prov. _____	Code _____
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FAX/CREDIT CARD ENTRIES	
Mail I.D. to <input type="checkbox"/> Owner or <input type="checkbox"/> Agent	Email _____
<input type="checkbox"/> Amer Express <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	Card No. _____ Expiry _____
Name of Cardholder _____	Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NO. _____