



OFFICIAL CANADIAN KENNEL CLUB FORM
LIMITED ENTRY RALLY OBEDIENCE

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

ENTRY FEES \$ _____
(\$29.00 per trial)
DAY OF ENTRY \$ _____
(\$34.00 per trial)
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"/> Rally Novice A <input type="checkbox"/> Rally Excellent A <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Rally Novice B <input type="checkbox"/> Rally Excellent B <input type="checkbox"/> Rally Intermediate <input type="checkbox"/> Masters <input type="checkbox"/> Rally Advanced A <input type="checkbox"/> Brace <input type="checkbox"/> Rally Advanced B <input type="checkbox"/> Team	Jump Heights (<i>Advanced/Excellent</i>) <input type="checkbox"/> Under 10" (6"/12") <input type="checkbox"/> 10" and under 15" (8"/16") <input type="checkbox"/> 15" and under 20" (12"/24") <input type="checkbox"/> 20" and over (16"/32")

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 Trial _____

Agent's Address _____

City _____	Prov. _____	Code _____
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Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard 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. _____