


| | |
|--|-------------------------|
|  <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">LADY SLIPPER KENNEL CLUB</h2> | Administrative use only |
|--|-------------------------|

| | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Obed Trial 1(Sat) | <input type="checkbox"/> Rally Trial 1 (Sat) | Entry fees: ___ x \$27.00 = _____ |
| <input type="checkbox"/> Obed Trial 2 (Sun) | <input type="checkbox"/> Rally Trial 2 (Sun) | Listing Fees: ___ x \$ 9.60 = _____ |
| *Enter 2 obedience & 2 rally trials - \$100.00 | | Ex. Only: ___ x \$10.00 = _____ |
| Use separate entry forms for Obedience and Rally | | Catalog: ___ x \$ 6.00 = _____ |
| <input type="checkbox"/> Trailer | | Trailer: ___ x 40.00 = _____ |
| <input type="checkbox"/> Catalog | | Total: _____ |

Please Print or type CLEARLY

| Enter in one only of the following classes | | | | RALLY OBEDIENCE | | | |
|--|--|-------------------------------------|--------------------------------------|------------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Novice A | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Novice A | <input type="checkbox"/> Excellent A | <input type="checkbox"/> Novice A | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Novice A | <input type="checkbox"/> Excellent A |
| <input type="checkbox"/> Novice B | <input type="checkbox"/> Novice C | <input type="checkbox"/> Novice B | <input type="checkbox"/> Excellent B | <input type="checkbox"/> Novice B | <input type="checkbox"/> Novice C | <input type="checkbox"/> Novice B | <input type="checkbox"/> Excellent B |
| <input type="checkbox"/> Open A | <input type="checkbox"/> Novice Int. | <input type="checkbox"/> Advanced A | | <input type="checkbox"/> Open A | <input type="checkbox"/> Novice Int. | <input type="checkbox"/> Advanced A | |
| <input type="checkbox"/> Open B | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Advanced B | Rally Jump Height _____ | <input type="checkbox"/> Open B | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Advanced B | Rally Jump Height _____ |
| <input type="checkbox"/> Utility A | <input type="checkbox"/> Brace | | | <input type="checkbox"/> Utility A | <input type="checkbox"/> Brace | | |
| <input type="checkbox"/> Utility B | Jump Height _____ | | | <input type="checkbox"/> Utility B | Jump Height _____ | | |

| | | |
|--------------|----------------|------------|
| BREED | VARIETY | SEX |
|--------------|----------------|------------|

NAME OF DOG

| | | |
|---|--|-------------------------|
| Check one & enter Reg # here | Date Of Birth | Is this a puppy? |
| ___ CKC Reg # | ___ / ___ / ___ | YES ___ NO ___ |
| ___ CKC ERN # | Day Month Year | |
| ___ CKC MSC # _____ | | |
| ___ Listed | Place Of Birth ___ Canada ___ Elsewhere | |

BREEDER

SIRE

DAM

| | |
|-------------------|-----------------------|
| REG. OWNER | Membership No. |
| REG. OWNER | Membership No. |

OWNER ADDRESS

| | | |
|-------------|-------------|------------------|
| CITY | PROV | POST CODE |
|-------------|-------------|------------------|

AGENT NAME

AGENT ADDRESS

| | | |
|-------------|-------------|------------------|
| CITY | PROV | POST CODE |
|-------------|-------------|------------------|

Mail ID to: ___ OWNER or ___ AGENT

I CERTIFY that I am the registered owner(s) of this 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, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner _____ Phone Number _____ Email _____

| | |
|--|-------------------------|
|  <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">LADY SLIPPER KENNEL CLUB</h2> | Administrative use only |
|--|-------------------------|

| | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Obed Trial 1(Sat) | <input type="checkbox"/> Rally Trial 1 (Sat) | Entry fees: ___ x \$27.00 = _____ |
| <input type="checkbox"/> Obed Trial 2 (Sun) | <input type="checkbox"/> Rally Trial 2 (Sun) | Listing Fees: ___ x \$ 9.60 = _____ |
| *Enter 2 obedience & 2 rally trials - \$100.00 | | Ex. Only: ___ x \$10.00 = _____ |
| Use separate entry forms for Obedience and Rally | | Catalog: ___ x \$ 6.00 = _____ |
| <input type="checkbox"/> Trailer | | Trailer: ___ x 40.00 = _____ |
| <input type="checkbox"/> Catalog | | Total: _____ |

Please Print or type CLEARLY

| Enter in one only of the following classes | | | | RALLY OBEDIENCE | | | |
|--|--|-------------------------------------|--------------------------------------|------------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Novice A | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Novice A | <input type="checkbox"/> Excellent A | <input type="checkbox"/> Novice A | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Novice A | <input type="checkbox"/> Excellent A |
| <input type="checkbox"/> Novice B | <input type="checkbox"/> Novice C | <input type="checkbox"/> Novice B | <input type="checkbox"/> Excellent B | <input type="checkbox"/> Novice B | <input type="checkbox"/> Novice C | <input type="checkbox"/> Novice B | <input type="checkbox"/> Excellent B |
| <input type="checkbox"/> Open A | <input type="checkbox"/> Novice Int. | <input type="checkbox"/> Advanced A | | <input type="checkbox"/> Open A | <input type="checkbox"/> Novice Int. | <input type="checkbox"/> Advanced A | |
| <input type="checkbox"/> Open B | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Advanced B | Rally Jump Height _____ | <input type="checkbox"/> Open B | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Advanced B | Rally Jump Height _____ |
| <input type="checkbox"/> Utility A | <input type="checkbox"/> Brace | | | <input type="checkbox"/> Utility A | <input type="checkbox"/> Brace | | |
| <input type="checkbox"/> Utility B | Jump Height _____ | | | <input type="checkbox"/> Utility B | Jump Height _____ | | |

| | | |
|--------------|----------------|------------|
| BREED | VARIETY | SEX |
|--------------|----------------|------------|

NAME OF DOG

| | | |
|---|--|-------------------------|
| Check one & enter Reg # here | Date Of Birth | Is this a puppy? |
| ___ CKC Reg # | ___ / ___ / ___ | YES ___ NO ___ |
| ___ CKC ERN # | Day Month Year | |
| ___ CKC MSC # _____ | | |
| ___ Listed | Place Of Birth ___ Canada ___ Elsewhere | |

BREEDER

SIRE

DAM

| | |
|-------------------|-----------------------|
| REG. OWNER | Membership No. |
| REG. OWNER | Membership No. |

OWNER ADDRESS

| | | |
|-------------|-------------|------------------|
| CITY | PROV | POST CODE |
|-------------|-------------|------------------|

AGENT NAME

AGENT ADDRESS

| | | |
|-------------|-------------|------------------|
| CITY | PROV | POST CODE |
|-------------|-------------|------------------|

Mail ID to: ___ OWNER or ___ AGENT

I CERTIFY that I am the registered owner(s) of this 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, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner _____ Phone Number _____ Email _____

