
 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">Cobequid Dog Club Obedience</h2>	Administrative use only	
<input type="checkbox"/> Obed Trial 1 (Sat) Entry fees: ___ x \$28.00 = ___ <input type="checkbox"/> Obed Trial 2 (Sun) OTCHX,MOTCH ___ x \$50.00 = ___ Day of Entry ___ x \$33.00 = ___ Listing Fees: ___ x \$11.50= ___ <input type="checkbox"/> Catalog Ex. Only: ___ x \$ 8.00 = ___ Catalog: ___ x \$ 5.00 = ___ Total: ___		
Please Print or type CLEARLY		
Enter in one only of the following classes		
<input type="checkbox"/> Pre Novice <input type="checkbox"/> Open A H <input type="checkbox"/> Utility B <input type="checkbox"/> Novice A <input type="checkbox"/> Open A 18 <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Novice B <input type="checkbox"/> Open B H <input type="checkbox"/> Novice C <input type="checkbox"/> Open B 18 <input type="checkbox"/> Novice Int. <input type="checkbox"/> Utility A Jump Height _____		
BREED	VARIETY	SEX
NAME OF DOG		
Check one & enter Reg # here ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ Listed	Date Of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___ Place Of Birth ___ Canada ___ Elsewhere
BREEDER		
SIRE		
DAM		
REG. OWNER		
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;">Cobequid Dog Club Rally</h2>	Administrative use only	
<input type="checkbox"/> Rally Trial 1 (Sat) Entry fees: ___ x \$28.00 = ___ <input type="checkbox"/> Rally Trial 2 (Sun) RAE ___ x \$50.00 = ___ Rally Team ___ x \$20.00 = ___ Day of Entry ___ x 33.00 = ___ Listing Fees: ___ x \$ 11.50= ___ <input type="checkbox"/> Catalog Ex. Only: ___ x \$ 8.00 = ___ Catalog: ___ x \$ 5.00 = ___ Total: ___		
Please Print or type CLEARLY		
Enter in one only of the following classes		
RALLY OBEDIENCE		
<input type="checkbox"/> Novice A <input type="checkbox"/> Advanced B <input type="checkbox"/> Team Rally Novice <input type="checkbox"/> Novice B <input type="checkbox"/> Excellent A <input type="checkbox"/> Team Rally Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent B <input type="checkbox"/> Team Rally Excellent <input type="checkbox"/> Advanced A <input type="checkbox"/> Master Rally Jump Height _____		
BREED	VARIETY	SEX
NAME OF DOG		
Check one & enter Reg # here ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ Listed	Date Of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___ Place Of Birth ___ Canada ___ Elsewhere
BREEDER		
SIRE		
DAM		
REG. OWNER		
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: _____		