


OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OTTAWA VALLEY POODLE CLUB Obedience Trials March 7&8 2015
------------	--	--

Make cheques payable to: OVPC Mail entries to: Donna LaHaise, P.O. Box 28, Richmond, ON K0A 2Z0	Each dog per trial..... \$29.00 2 nd entry same dog, same trial..... \$26.00 (le Open & Utility in the same trial) Day of Trial (no package rate) CASH..... \$30.00 Exhibition Only..... \$12.00 Listing fee per class..... \$ 9.04 Catalogue..... \$ 2.00	<input type="checkbox"/> Obedience Trial #21 (Sat) <input type="checkbox"/> Obedience Trial #22 (Sat) <input type="checkbox"/> Obedience Trial #23(Sun) <input type="checkbox"/> Obedience Trial #24(Sun)
	ENTRY FEES \$ _____ LISTING FEES \$ _____ ENCLOSED \$ _____	<input type="checkbox"/> PREPAID CATALOGUE

PLEASE TYPE OR PRINT CLEARLY

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
--------------	----------------	---

ENTER IN THE FOLLOWING CLASSES:

OBEDIENCE <input type="checkbox"/> PRE-NOVICE. <input type="checkbox"/> OPEN A <input type="checkbox"/> NOVICE A. <input type="checkbox"/> OPEN B <input type="checkbox"/> NOVICE B. <input type="checkbox"/> UTILITY A <input type="checkbox"/> NOVICE C. <input type="checkbox"/> UTILITY B <input type="checkbox"/> NOVICE-INT. <input type="checkbox"/> EXHIBITION	OBEDIENCE JUMP HEIGHT Height _____ Width _____
--	---

REG. NAME OF DOG

CHECK ONE ,ENTER NUMBER HERE <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED	DATE OF BIRTH ____ / ____ / ____ Day Month Year	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
---	--	--

BREEDER(S)

SIRE

DAM

REG'D OWNER(S) 1) _____ **CKC Membership #** _____

2) _____ **CKC Membership #** _____

OWNER'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------


MAIL ID TO: _____ **OWNER** _____ **AGENT** _____

SEND MY CONFIRMATION & SHOW SCHEDULE BY _____ **EMAIL** _____ **MAIL** (please check one, default will be email)

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.

SIGNATURE OF OWNER OR AGENT	TELEPHONE NUMBER
------------------------------------	-------------------------

E-MAIL ADDRESS:

OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OTTAWA VALLEY POODLE CLUB Obedience Trials March 7&8 2015
------------	--	--

Make cheques payable to: OVPC Mail entries to: Donna LaHaise, P.O. Box 28, Richmond, ON K0A 2Z0	Each dog per trial..... \$29.00 2 nd entry same dog, same trial..... \$26.00 (le Open & Utility in the same trial) Day of Trial (no package rate) CASH..... \$30.00 Exhibition Only..... \$12.00 Listing fee per class..... \$ 9.04 Catalogue..... \$ 2.00	<input type="checkbox"/> Obedience Trial #21 (Sat) <input type="checkbox"/> Obedience Trial #22 (Sat) <input type="checkbox"/> Obedience Trial #23(Sun) <input type="checkbox"/> Obedience Trial #24(Sun)
	ENTRY FEES \$ _____ LISTING FEES \$ _____ ENCLOSED \$ _____	<input type="checkbox"/> PREPAID CATALOGUE

PLEASE TYPE OR PRINT CLEARLY

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
--------------	----------------	---

ENTER IN THE FOLLOWING CLASSES:

OBEDIENCE <input type="checkbox"/> PRE-NOVICE. <input type="checkbox"/> OPEN A <input type="checkbox"/> NOVICE A. <input type="checkbox"/> OPEN B <input type="checkbox"/> NOVICE B. <input type="checkbox"/> UTILITY A <input type="checkbox"/> NOVICE C. <input type="checkbox"/> UTILITY B <input type="checkbox"/> NOVICE-INT. <input type="checkbox"/> EXHIBITION	OBEDIENCE JUMP HEIGHT Height _____ Width _____
--	---

REG. NAME OF DOG

CHECK ONE ,ENTER NUMBER HERE <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED	DATE OF BIRTH ____ / ____ / ____ Day Month Year	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
---	--	--

BREEDER(S)

SIRE

DAM

REG'D OWNER(S) _____ **CKC Membership #** _____

2) _____ **CKC Membership #** _____

OWNER'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------

MAIL ID TO: _____ **OWNER** _____ **AGENT** _____

SEND MY CONFIRMATION & SHOW SCHEDULE BY _____ **EMAIL** _____ **MAIL** (please check one, default will be email)

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.

SIGNATURE OF OWNER OR AGENT	TELEPHONE NUMBER
------------------------------------	-------------------------

E-MAIL ADDRESS: