



OFFICE USE		OFFICIAL CKC ENTRY FORM OBEDIENCE & RALLY OBEDIENCE LETHBRIDGE & DISTRICT KENNEL CLUB	OFFICE USE
RALLY OBEDIENCE # 1 <u> </u> (Sat.) # 3 <u> </u> (Sun.) # 2 <u> </u> (Sat.) # 4 <u> </u> (Sun.)		Entry Fee _____ Listing Fee _____ Prepaid Catalogue _____ Total _____	OBEDIENCE # 1 <u> </u> (Sat.) # 3 <u> </u> (Sun.) # 2 <u> </u> (Sat.) # 4 <u> </u> (Sun.)
<i>PLEASE TYPE OR PRINT CLEARLY</i>			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:			
RALLY OBEDIENCE <input type="checkbox"/> NOVICE A (R.N.) <input type="checkbox"/> NOVICE B (R.N.) <input type="checkbox"/> INTERMEDIATE (R.I.) <input type="checkbox"/> ADVANCED "A" (R.A.) <input type="checkbox"/> ADVANCED "B" (R.A.) <input type="checkbox"/> EXCELLENT "A" (R.E.) <input type="checkbox"/> EXCELLENT "B" (R.E.) <input type="checkbox"/> MASTERS (R.M.)		OBEDIENCE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> OPEN HA <input type="checkbox"/> OPEN 18A <input type="checkbox"/> OPEN HB <input type="checkbox"/> OPEN 18B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B	<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> EXHIBITION ONLY OBED. <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) JUMP HEIGHT
<input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> JUMP HEIGHT <input type="checkbox"/> PREPAID CATALOGUE			
REGISTERED NAME OF DOG			
CHECK ONE & ENTER NUMBER BELOW: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC TCN <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO.		DATE OF BIRTH ___/___/___ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)		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	
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		EXPIRY	
CARD NO. _____		_____ / _____	
CARDHOLDER NAME (PLEASE PRINT) _____			
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			
E-MAIL:		TELEPHONE NUMBER	

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