RALLY ENTRY FORM

OFFICIAL ENTRY FORM (RALLY)

OTTAWA VALLEY GOLDEN RETRIEVER CLUB

Rally Trials

Make Cheques Payable to:

DESS

Mail Entries to: DESS, 1562 Route 203,
Howick, QC J0S 1G0
Fax: (450) 825-0894
diana@dess.ca www.dess.ca

Each Dog per Class	$30.00
Day of Trial	Not Offered
Exhibition Only	$5.00
Listing Fee per Class	$11.30
Catalogue	$2.00

Entry Fees $_____
Listing Fees $_____
Catalogue $_____
TOTAL Enclosed $_____

Trial # 3 (Sunday) ☐
Trial #4 (Sunday) ☐

Prepaid Catalogue ☐

PLEASE TYPE OR PRINT CLEARLY

CLASSES ENTERED

Novice A ☐
Novice B ☐
Advanced A ☐
Advanced B ☐

Novice Intermediate ☐
Excellent A ☐
Excellent B ☐

Master Class ☐

Exhibition ☐

Jumps Height: _____
Width: _____

DOG INFORMATION

BREED _____ Male ☐ Female ☐

REGISTERED NAME _____

CKC Reg. # ☐
CKC ERN # ☐
CKC PEN # ☐

CKC Miscellaneous # ☐
Listed ☐
CKC CCN # ☐

Registration Number: _____

DOB: _____
dd mm yy

Place of Birth:
Canada ☐ Elsewhere ☐

Breeder
Sire
Dam

OWNER(S) & AGENT INFORMATION

Registered Owner(s) _____ Membership No. _____
_____ Membership No. _____
_____ Membership No. _____

Owner's Address: _____
Street Address City Province Postal Code

Name of Agent/Handler: _____

Agent's Address: _____
Street Address City Province Postal Code

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual 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.

Send my confirmation and show schedule by: **EMAIL** ☐ **MAIL** ☐ **(please check one, default will be email)**

Credit Card #_____ **Expiry Date:** _____ **Security #**_____

_____ ( ) _____ _____
Signature of Owner or Agent Telephone Number Email Address