



CANADIAN KENNEL CLUB ENTRY FORM

Cranbrook & District Kennel Club
Mail Entries to: Lisa Hunt, 860 306th Street, Marysville, BC V1A 3H9
Make cheques payable to: **Cranbrook & District Kennel Club**
Entries Close September 6 @ 11:00 p.m. MDT



Entry Fees \$ _____ + TCN Fees \$ _____ + Pre-paid Catalogue \$ _____ = TOTAL \$ _____

PLEASE PRINT OR TYPE CLEARLY

<p><u>Obedience</u></p> <p>Saturday Trial #1 ____ Trial #2 ____</p> <p>Sunday Trial #3 ____ Trial #4 ____</p>	<p><u>Rally Obedience</u></p> <p>Saturday Trial #1 ____ Trial #2 ____</p> <p>Sunday Trial #3 ____ Trial #4 ____</p>
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Enter in the Following Classes

Obedience Classes	Rally Classes	
<input type="checkbox"/> Pre-Novice <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Novice C <input type="checkbox"/> Intermediate Novice <input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Open HA <input type="checkbox"/> Open HB <input type="checkbox"/> Open 18A <input type="checkbox"/> Open 18B <input type="checkbox"/> Utility A <input type="checkbox"/> Utility B	<input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced A <input type="checkbox"/> Advanced B <input type="checkbox"/> Excellent A <input type="checkbox"/> Excellent B <input type="checkbox"/> Masters

	JUMP HEIGHT
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BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reg. Name of Dog (CKC Titles ONLY please)

Check one & Enter CKC Number: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. NUMBER:	<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> TCN (no CKC No.)	DOB ____/____/____ Day Month Year	
		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	

BREEDER(S)

SIRE

DAM

REG. OWNER(S)

OWNER(S) ADDRESS

CITY:	PROV./STATE:	POSTAL CODE:
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Telephone Number _____ **CKC Membership #** _____

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

AGENT'S ADDRESS

CITY:	PROV./STATE:	POSTAL CODE:
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IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION

Email Address to send confirmation to

____ VISA ____ MASTERCARD ____ AMEX

Card No. _____ EXPIRY ____/____/____

CARDHOLDERS NAME (PLEASE PRINT) _____

AUTHORIZATION & GENERAL AGREEMENT

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list.

Signature of Owner, Agent, Handler: X _____ Date: _____ Email: _____

Signature of parent/guardian is required for children under 18 years