OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OTTAWA VALLEY GOLDEN RETRIEVER **CLUB**

Obedience Trials



Make cheques payable to: **OVGRC** Mail entries to: Donna LaHaise, P.O. Box 28, Richmond, ON K0A 2Z0

| Each dog per trial. | | \$30.00 |
|----------------------|----|---------|
| Day of trial | | \$35.00 |
| Exhibition Only | | |
| Listing fee per clas | ss | \$9.04 |
| Catalogue | | |
| ENTRY FEES | \$ | |
| LISTING FEES | \$ | |
| | Ψ | _ |
| ENCLOSED | \$ | |

| T T : 1 "100 (0 s) |
|---------------------|
| ☐ Trial #138 (Sat) |
| □ Trial #139 (Sat) |
| □ Trial #140 (Sun) |
| ☐ Trial #141 (Sun) |
| ☐ PREPAID CATALOGUE |

| BREED VARIETY MALE FEMALE ENTER IN THE FOLLOWING CLASSES: PRE-NOVICE NOVICE INTERMEDIATE NOVICE INTERMEDIATE NOVICE B UTILITY B Height Width REG. NAME OF DOG CHECK ONE, ENTER NUMBER HERE OF CRESS NO. CKC MISC, CERT. NO. CKC REG. NO. CKC REG. NO. LISTED Day Month Year DATE OF BIRTH CANADA ELSEWHERE BREEDER(S) SIRE DAM REG'D 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 retired above and accept full responsibility for all statements made in his entry. In consideration of this centry. I (we) agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appeaning in the premium list. SIGNATURE OF OWNER OR AGENT TELEPHONE NUMBER TELEPHONE NUMBER TELEPHONE NUMBER | PLEASE TYPE OR PRINT CLEARLY | | | | | | |
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| SEND MY CONFIRMATION & SHOW SCHEDULE BY | CITY | | | PR | OV./STATE | POSTAL CODE | |
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| E-MAIL ADDRESS: | SIGNATURE OF OWNER OR AGENT | RE OF OWNER OR AGENT TELEPHONE NUMBER | | MBER | | | |
| | E-MAIL ADDRESS: | | | L | | | |

OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM **OTTAWA VALLEY GOLDEN RETRIEVER** CLUB





Make cheques payable to: **OVGRC** Mail entries to: Donna LaHaise, P.O. Box 28, Richmond, ON K0A 2Z0

| Each dog per trial\$30. | 00 |
|---------------------------|----|
| Day of trial\$29. | 00 |
| Exhibition Only\$5.0 | |
| isting fee per class\$9.0 | |
| Catalogue\$2.00 | |
| · | - |
| NTRY FEES \$ | |

☐ Trial #138 (Sat)
☐ Trial #139 (Sat)
☐ Trial #140 (Sun)
☐ Trial #141 (Sun)
☐ PREPAID CATALOGUE

| 11011 220 | | LISTING FEES \$ENCLOSED \$ | | ☐ PREPAID CATALOGUE | | |
|--|-------------------------|----------------------------|-----------------|---------------------|--------------|----------------------|
| PLEASE TYPE OR PRINT CLEARLY | | | | | | |
| | | | | | MALE | FEMALE |
| BREED ENTER IN THE FOLLOWING CLASSE | e. | | VARIETY | Y | | |
| | TERMEDIATE | | JUMPS | · | | 1 |
| NOVICE AUTILITY A | IERWEDIATE | | 001111 | | | |
| NOVICE B UTILITY B | | | Height | | | |
| NOVICE C EXHIBITION OPEN A | V | | Width | | | |
| OPEN B | | | | | | |
| REG. NAME OF DOG | | | | | | |
| CHECK ONE ,ENTER NUMBER HERE | | DATE | OF BIRTH | | | |
| CKC REG. NO. CKC MISC. CERT. NO. | | | | PLAC | E OF BIRT | Н |
| CKC ERN NO. | | 1_ | 1 | | CANADA | |
| LISTED | | Day M | onth Year | | ELSEWHE | KE |
| BREEDER(S) | | | | | | |
| SIRE | | | | | | |
| | | | | | | |
| DAM | | | | | | |
| REG'D OWNER(S) | | | | | | |
| 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 S | CHEDULE BY | EMAIL | _MAIL (please | e check | one, defau | t will be email) |
| I CERTIFY that I am the registered owner entered above and accept full responsible I (we) agree to be bound by the rules an | oility for all statemen | its made in this er | ntry. In consid | eration o | of the accep | tance of this entry, |
| appearing in the premium list. SIGNATURE OF OWNER OR AGENT | | | 1 | TELER | PHONE NUM | IBFR |
| and the second s | | | | | | |
| E-MAIL ADDRESS: | | | | | | |
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