

OFFICIAL CANADIAN KENNEL CLUB FORM
LIMITED ENTRY OBEDIENCE TRIALS
MUSKOKA DISTRICT KENNEL CLUB



Closing date Oct 12/18 8 p.m. or when limit reached Fees payable to MDKC \$30. Per entry 4 entries same dog \$105. DAY OF ENTRY \$35. Per entry	<input type="checkbox"/> Trial 1 Sat. Oct. 27 <input type="checkbox"/> Trial 2 Sat. Oct. 27 <input type="checkbox"/> Trial 3 Sun. Oct. 28 <input type="checkbox"/> Trial 4 Sun. Oct. 28	Entry fee \$ _____ Listing fee \$ _____ Exhibition only \$ _____ TOTAL \$ _____
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BREED _____ **SEX** male ___ female ___

CLASSES <input type="checkbox"/> Pre Novice <input type="checkbox"/> Novice <input type="checkbox"/> Open 18A <input type="checkbox"/> Novice A Intermediate <input type="checkbox"/> Open 18B <input type="checkbox"/> Novice B <input type="checkbox"/> Open HA <input type="checkbox"/> Utility A <input type="checkbox"/> Novice C <input type="checkbox"/> Open HB <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only	JUMP HEIGHTS (if applicable) Height _____ Width _____
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REGISTERED NAME OF DOG: _____

<input type="checkbox"/> CKC Reg. # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC PEN #	<input type="checkbox"/> CKC CC # <input type="checkbox"/> CKC Misc. Cert. # <input type="checkbox"/> Listed #
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Date of Birth M ___ D ___ Y ___	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
---	--

Breeder(s) _____

Sire: _____

Dam: _____

Reg'd Owner(s) _____

Owner's Address

City _____	Prov. _____	P.C. _____
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Agent _____

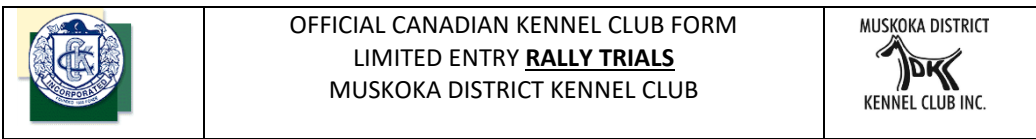
Address

City _____	Prov. _____	P.C. _____
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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.

Signature of owner or agent _____ **Telephone #** _____

email _____ **Contact** owner agent



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BREED _____ **SEX** male ___ female ___

CLASSES <input type="checkbox"/> Novice A <input type="checkbox"/> Advanced A <input type="checkbox"/> Excellent A <input type="checkbox"/> Novice B <input type="checkbox"/> Advanced B <input type="checkbox"/> Excellent B <input type="checkbox"/> Intermediate <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Masters	JUMP HEIGHTS (if applicable) Height _____ Width _____
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REGISTERED NAME OF DOG: _____

<input type="checkbox"/> CKC Reg. # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC PEN #	<input type="checkbox"/> CKC CC # <input type="checkbox"/> CKC Misc. Cert. # <input type="checkbox"/> Listed #
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Date of Birth M ___ D ___ Y ___	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
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Breeder(s) _____

Sire: _____

Dam: _____

Reg'd Owner(s) _____

Owner's Address

City _____	Prov. _____	P.C. _____
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Agent _____

Address

City _____	Prov. _____	P.C. _____
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