

OFFICE USE	 OFFICIAL CKC ENTRY FORM OBEDIENCE & RALLY OBEDIENCE LETHBRIDGE & DISTRICT KENNEL CLUB	OFFICE USE
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RALLY OBEDIENCE # 1 ___ (Sat.) #3 ___ (Sun) # 2 ___ (Sat.) #4 ___ (Sun.)	OBEDIENCE # 1 ___ (Sat.) #3 ___ (Sun) # 2 ___ (Sat.) #4 ___ (Sun.)	Entry Fee _____ Listing Fee _____ Prepaid Catalogue _____ Total _____
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PLEASE TYPE OR PRINT CLEARLY

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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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.) <input type="checkbox"/> JUMP HEIGHT <input type="checkbox"/> PREPAID CATALOGUE
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REGISTERED NAME OF DOG

CHECK ONE & ENTER NUMBER BELOW: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	DATE OF BIRTH ___ / ___ / ___ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NUMBER:	PLACE OF BIRTH CANADA <input type="checkbox"/> ELSEWHERE <input type="checkbox"/>
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BREEDER(S)

SIRE

DAM

REG'D OWNER(S) _____ **CKC MEMBERSHIP #** _____

OWNER'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
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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

<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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REG. NAME OF DOG

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NUMBER:	PLACE OF BIRTH CANADA <input type="checkbox"/> ELSEWHERE <input type="checkbox"/>
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BREEDER(S)

SIRE

DAM

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OWNER'S ADDRESS

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AGENT'S ADDRESS

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