	Official Canadian Kennel Club Entry Form <b>MARITIME GROUP 7 CLUB</b> <b>Scent Detection Trial 1</b> <b>April 22, 2023</b>	Administrative use only

<input type="checkbox"/> Trial 1	Component: ___ x \$ 30.00 = _____ Any Combination of 3 Components: \$ 75.00 = _____ TCN Fees: ___ x \$ 11.50 = _____ Instinct Test: ___ x \$ 25.00 = _____ Ex. Only: ___ x \$ 8.00 = _____ Catalogue: ___ x \$ 5.00 = _____ Total: _____
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Please Print or type CLEARLY (ONE DOG PER ENTRY)

<b>CLASSES</b>			
<input type="checkbox"/> INSTINCT	<input type="checkbox"/> NOVICE	<input type="checkbox"/> OPEN	<input type="checkbox"/> EXCELLENT
<input type="checkbox"/> MASTER	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT
<input type="checkbox"/> Container	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Container
<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior
<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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<b>NAME OF DOG</b>		
Check one & enter Reg # here <input type="checkbox"/> CKC REG # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # <input type="checkbox"/> CKC PEN # <input type="checkbox"/> CKC TCN # <input type="checkbox"/> CKC CCN #	<b>Date of Birth</b> _____ Day    Month    Year	Is this a puppy? YES ___ NO ___
	<b>Place of Birth</b> ___ Canada ___ Elsewhere	

<b>BREEDER</b>
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<b>SIRE</b>
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<b>DAM</b>
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<b>REG. OWNER</b>
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<b>OWNER ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POSTAL CODE</b>
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<b>AGENT NAME</b>
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<b>AGENT ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POSTAL CODE</b>
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Mail ID to: ___ OWNER    or    ___ AGENT
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**\*EMAIL**

I CERTIFY that I am the registered owner(s) of this 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. Also, by signing this form I certify that I will not hold the Show giving Club, its members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of Agent or Owner _____	Phone Number _____
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	Official Canadian Kennel Club Entry Form <b>MARITIME GROUP 7 CLUB</b> <b>Scent Detection Trial 2</b> <b>April 23, 2023</b>	Administrative use only

<input type="checkbox"/> Trial 2	Component: ___ x \$ 30.00 = _____ Any Combination of 3 Components: \$ 75.00 = _____ TCN Fees: ___ x \$ 11.50 = _____ Instinct Test: ___ x \$ 25.00 = _____ Ex. Only: ___ x \$ 8.00 = _____ Catalogue: ___ x \$ 5.00 = _____ Total: _____
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Please Print or type CLEARLY (ONE DOG PER ENTRY)

<b>CLASSES</b>			
<input type="checkbox"/> INSTINCT	<input type="checkbox"/> NOVICE	<input type="checkbox"/> OPEN	<input type="checkbox"/> EXCELLENT
<input type="checkbox"/> MASTER	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT
<input type="checkbox"/> Container	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Container
<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior
<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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<b>NAME OF DOG</b>		
Check one & enter Reg # here <input type="checkbox"/> CKC REG # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # <input type="checkbox"/> CKC PEN # <input type="checkbox"/> CKC TCN # <input type="checkbox"/> CKC CCN #	<b>Date of Birth</b> _____ Day    Month    Year	Is this a puppy? YES ___ NO ___
	<b>Place of Birth</b> ___ Canada ___ Elsewhere	

<b>BREEDER</b>
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<b>SIRE</b>
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<b>DAM</b>
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<b>REG. OWNER</b>
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<b>OWNER ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POSTAL CODE</b>
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<b>AGENT NAME</b>
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<b>AGENT ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POSTAL CODE</b>
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Mail ID to: ___ OWNER    or    ___ AGENT
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**\*EMAIL**

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Signature of Agent or Owner _____	Phone Number _____
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