
		Official Canadian Kennel Club Entry Form <b>MARITIME GROUP 7 CLUB</b> <b>Scent Detection Trial</b> <b>July 10, 2021</b>		Administrative use only
<input type="checkbox"/> Trial 1		Component: ___ x \$ 30.00 = _____ All 3 Components: \$ 75.00 = _____ Listing Fees: ___ x \$ 11.50 = _____ Instinct Test: ___ x \$ 25.00 = _____ Ex. Only: ___ x \$ 10.00 = _____ Catalogue: ___ x \$ 5.00 = _____ Total: _____		
Please Print or type CLEARLY (ONE DOG PER ENTRY)				
Enter in one only of the following classes				
CLASS <input type="checkbox"/> Instinct <input type="checkbox"/> Novice <input type="checkbox"/> Open <input type="checkbox"/> Excellent <input type="checkbox"/> Master				
<b>COMPONENT</b>		<b>SIZE DIVISION</b>		
<input type="checkbox"/> Container		<input type="checkbox"/> Small (less than 13 inches)		
<input type="checkbox"/> Interior		<input type="checkbox"/> Medium (13 inches to less than 20 inches)		
<input type="checkbox"/> Exterior		<input type="checkbox"/> Large (20 inches and above)		
<b>BREED</b>		<b>VARIETY</b>	<b>SEX</b>	
<b>NAME OF DOG</b>				
Check one & enter Reg # here		Date of Birth		Is this a puppy?
<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 #		Day    Month    Year _____		YES ___ NO ___
		Place of Birth ___ Canada ___ Elsewhere		
<b>BREEDER</b>				
<b>SIRE</b>				
<b>DAM</b>				
<b>REG. OWNER</b>				
<b>OWNER ADDRESS</b>				
<b>CITY</b>		<b>PROV</b>	<b>POSTAL CODE</b>	
<b>AGENT NAME</b>				
<b>AGENT ADDRESS</b>				
<b>CITY</b>		<b>PROV</b>	<b>POSTAL CODE</b>	
Mail ID to: ___ OWNER or ___ AGENT				
<b>*EMAIL</b>				
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 _____	

		Official Canadian Kennel Club Entry Form <b>MARITIME GROUP 7 CLUB</b> <b>Scent Detection Trial</b> <b>July 11, 2021</b>		Administrative use only
<input type="checkbox"/> Trial 2		Component: ___ x \$ 30.00 = _____ All 3 Components: \$ 75.00 = _____ Listing Fees: ___ x \$ 11.50 = _____ Instinct Test: ___ x \$ 25.00 = _____ Ex. Only: ___ x \$ 10.00 = _____ Catalogue: ___ x \$ 5.00 = _____ Total: _____		
Please Print or type CLEARLY (ONE DOG PER ENTRY)				
Enter in one only of the following classes				
CLASS <input type="checkbox"/> Instinct <input type="checkbox"/> Novice <input type="checkbox"/> Open <input type="checkbox"/> Excellent <input type="checkbox"/> Master				
<b>COMPONENT</b>		<b>SIZE DIVISION</b>		
<input type="checkbox"/> Container		<input type="checkbox"/> Small (less than 13 inches)		
<input type="checkbox"/> Interior		<input type="checkbox"/> Medium (13 inches to less than 20 inches)		
<input type="checkbox"/> Exterior		<input type="checkbox"/> Large (20 inches and above)		
<b>BREED</b>		<b>VARIETY</b>	<b>SEX</b>	
<b>NAME OF DOG</b>				
Check one & enter Reg # here		Date of Birth		Is this a puppy?
<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 #		Day    Month    Year _____		YES ___ NO ___
		Place of Birth ___ Canada ___ Elsewhere		
<b>BREEDER</b>				
<b>SIRE</b>				
<b>DAM</b>				
<b>REG. OWNER</b>				
<b>OWNER ADDRESS</b>				
<b>CITY</b>		<b>PROV</b>	<b>POSTAL CODE</b>	
<b>AGENT NAME</b>				
<b>AGENT ADDRESS</b>				
<b>CITY</b>		<b>PROV</b>	<b>POSTAL CODE</b>	
Mail ID to: ___ OWNER or ___ AGENT				
<b>*EMAIL</b>				
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Signature of Agent or Owner _____			Phone Number _____	