
 Cobequid Dog Club Obedience	Administrative use only									
<input type="checkbox"/> Obed Trial 1 (Sat) Entry fees: ___ x \$28.00 = ___ <input type="checkbox"/> Obed Trial 2 (Sun) OTCHX,MOTCH ___ x \$50.00 = ___ Day of Entry ___ x \$35.00 = ___ Listing Fees: ___ x \$11.50= ___ <input type="checkbox"/> Catalog Ex. Only: ___ x \$ 8.00 = ___ Catalog: ___ x \$ 8.00 = ___ Total: ___	<input type="checkbox"/> Rally Trial 1 (Sat) Entry fees: ___ x \$28.00 = ___ <input type="checkbox"/> Rally Trial 2 (Sun) RAE ___ x \$50.00 = ___ Rally Team ___ x \$20.00 = ___ Day of Entry ___ x 35.00 = ___ Listing Fees: ___ x \$ 11.50= ___ <input type="checkbox"/> Catalog Ex. Only: ___ x \$ 8.00 = ___ Catalog: ___ x \$ 8.00 = ___ Total: ___									
Please Print or type CLEARLY										
Enter in one only of the following classes <input type="checkbox"/> Pre Novice <input type="checkbox"/> Open A H <input type="checkbox"/> Utility B <input type="checkbox"/> Novice A <input type="checkbox"/> Open A 18 <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Novice B <input type="checkbox"/> Open B H <input type="checkbox"/> Novice C <input type="checkbox"/> Open B 18 <input type="checkbox"/> Novice Int. <input type="checkbox"/> Utility A Jump Height _____										
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DAM										
REG. OWNER										
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CITY	PROV	POST CODE								
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CITY	PROV	POST CODE								
Mail ID to: ___ OWNER or ___ AGENT										
<p style="font-size: x-small;">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, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.</p>										
Signature of agent or owner _____	Phone Number _____									
Email: _____										

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Enter in one only of the following classes RALLY OBEDIENCE <input type="checkbox"/> Novice A <input type="checkbox"/> Advanced B <input type="checkbox"/> Novice B <input type="checkbox"/> Excellent A <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent B <input type="checkbox"/> Advanced A <input type="checkbox"/> Master Rally Jump Height _____										
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