



### UNITED KENNEL CLUB

Mail to: Diana Edwards Show Services  
1562 Route 203, Howick, Qc J0S 1G0

#### OBEDIENCE

- Trial 1 - \$32.00 - Sat/Sam
- Trial 2 - \$32.00 - Sat/Sam
- Trial 3 - \$32.00 - Sun/Dim
- Trial 4 - \$32.00 - Sun/Dim

#### RALLY

- Trial 1 - \$32.00 - Fri/Ven
- Trial 2 - \$32.00 - Fri/Ven

Catalogue \$10.00      TOTAL FEES: \$ \_\_\_\_\_

Breed	Variety	Sex

Enter in the following classes		<input type="checkbox"/> Novice A	<input type="checkbox"/> Novice B
<input type="checkbox"/> Novice A	<input type="checkbox"/> Utility A	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced A
<input type="checkbox"/> Novice B	<input type="checkbox"/> Utility B	<input type="checkbox"/> Advanced B	<input type="checkbox"/> Excellent A
<input type="checkbox"/> Novice C	<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Excellent B	<input type="checkbox"/> Excellent B
<input type="checkbox"/> Nov.Int	<input type="checkbox"/> Jump - Obedience _____	<input type="checkbox"/> Excellent B	<input type="checkbox"/> Jump - Rally _____
<input type="checkbox"/> Open A			
<input type="checkbox"/> Open B			

Registered Name of Dog \_\_\_\_\_

Check off and enter Number	Birthdate	Is this a Puppy?
<input type="checkbox"/> CKC Reg No.	J ___ M ___ A ___	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CKC ERN No.	Birthdate	
<input type="checkbox"/> CKC Misc. Cert.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	
<input type="checkbox"/> Listed (no CKC No.)		
<input type="checkbox"/> CKC CCN No		

Breeder \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner(s) Address \_\_\_\_\_

City	Prov.	Postal Code
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Name of Owner's Agent (if any) at the show \_\_\_\_\_

Agent's Address \_\_\_\_\_

City	Prov	Postal Code
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Mail I.D. to  
 Owner  
 Agent

Signature of Owner or Agent \_\_\_\_\_ Telephone Number \_\_\_\_\_

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.

**Email:** \_\_\_\_\_

**FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894**

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ **Security Code** \_\_\_\_\_