

	<b>Official Canadian Kennel Club Entry Form</b> <b>Halifax Kennel Club</b> <b>Obedience</b>	Administrative use only
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<input type="checkbox"/> Obed Trial 1(Sat am)	Entry fees:	___ x \$28.00 = _____	
<input type="checkbox"/> Obed Trial 2 (Sat pm)	Entry fees: (MOTCH)	___ x \$50.00 = _____	
<input type="checkbox"/> Obed Trial 3 (Sun am)	Entry fee unofficial classes	___ x \$16.00 = _____	
<input type="checkbox"/> Obed Trial 4 (Sun pm)	Listing Fees:	___ x \$ 9.80 = _____	
	Ex. Only:	___ x \$ 5.00 = _____	
	Catalog:	___ x \$ 8.00 = _____	
<input type="checkbox"/> Catalog	Total:	_____	

Please Print or type CLEARLY

<b>Enter in one only of the following classes</b>		<b>UNOFFICIAL CLASSES</b>
<input type="checkbox"/> Novice A	<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Graduate Novice
<input type="checkbox"/> Novice B	<input type="checkbox"/> Novice C	<input type="checkbox"/> Brace
<input type="checkbox"/> Open A	<input type="checkbox"/> Novice Int.	<input type="checkbox"/> Wild Card
<input type="checkbox"/> Open B	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Utility A		
<input type="checkbox"/> Utility B	Jump Height _____	

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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**NAME OF DOG**

<b>Check one &amp; enter Reg # here</b> <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	<b>Date Of Birth</b> _____ Day    Month    Year	<b>Is this a puppy?</b> YES ___ NO ___ <b>Place Of Birth</b> ___ Canada ___ Elsewhere
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**BREEDER**

**SIRE**

**DAM**

**REG. OWNER**

**OWNER ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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**AGENT NAME**

**AGENT ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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Mail ID to: \_\_\_ OWNER or \_\_\_ AGENT

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.

Signature of agent or owner _____	Phone Number _____
Email address _____	

	<b>Official Canadian Kennel Club Entry Form</b> <b>Halifax Kennel Club</b> <b>Rally</b>	Administrative use only
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<input type="checkbox"/> Rally Trial 1(Sat am)	Entry fees:	___ x \$28.00 = _____	
<input type="checkbox"/> Rally Trial 2 (Sat pm)	Entry fees: (RAE)	___ x \$50.00 = _____	
<input type="checkbox"/> Rally Trial 3 (Sun am)	Entry fee unofficial classes	___ x \$16.00 = _____	
<input type="checkbox"/> Rally Trial 4 (Sun pm)	Listing Fees:	___ x \$ 9.80 = _____	
	Ex. Only:	___ x \$ 5.00 = _____	
	Catalog:	___ x \$ 8.00 = _____	
<input type="checkbox"/> Catalog	Total:	_____	

Please Print or type CLEARLY

<b>Enter in one only of the following classes</b>		<b>Unofficial Classes</b>
<input type="checkbox"/> Novice A	<input type="checkbox"/> Excellent A	<input type="checkbox"/> Brace
<input type="checkbox"/> Novice B	<input type="checkbox"/> Excellent B	<input type="checkbox"/> Team
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Advanced A		Rally Jump Height _____
<input type="checkbox"/> Advanced B		

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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**NAME OF DOG**

<b>Check one &amp; enter Reg # here</b> <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	<b>Date Of Birth</b> _____ Day    Month    Year	<b>Is this a puppy?</b> YES ___ NO ___ <b>Place Of Birth</b> ___ Canada ___ Elsewhere
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**BREEDER**

**SIRE**

**DAM**

**REG. OWNER**

**OWNER ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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**AGENT NAME**

**AGENT ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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Mail ID to: \_\_\_ OWNER or \_\_\_ AGENT

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Signature of agent or owner _____	Phone Number _____
Email address _____	

