

Office Use Only



Official Entry Form

ALL-BREED LIMITED OBEDIENCE
ALL-BREED LIMITED RALLY TRIALS



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Mt. Cheam Canine Association

ENTRIES CLOSE: WEDNESDAY, SEPT 6th, 2017@ 9:00pm PST

OBEDIENCE: Fri (Sept 22) Tr 1 _____ Fri (Sept 22) Tr 2 _____ Sat (Sept 23) Tr 3 _____
RALLY: Sat (Sept 23) Tr 1 _____ Sun (Sept 24) Tr 2 _____ Sun (Sept 24) Tr 3 _____

Cheques made payable to Mt. Cheam Canine Association

Mail to Classic Show Services #109-30989 Westridge Place Abbotsford, B.C. V2T 0E7 (604)-845-9510

Online and fax entry information at www.dogshow.ca

Entry Fee \$ _____ Listing Fee \$ _____

Catalog \$ _____ Total Enclosed \$ _____

<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Utility B	<input type="checkbox"/> Rally Novice A	<input type="checkbox"/> Rally Advanced B	Jump Height: 6" _____
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open A	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Rally Novice B	<input type="checkbox"/> Rally Excellent A	8" _____
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open B		<input type="checkbox"/> Rally Intermediate	<input type="checkbox"/> Rally Excellent B	12" _____
<input type="checkbox"/> Novice C	<input type="checkbox"/> Utility A	Jump Height: _____ Broad: _____	<input type="checkbox"/> Rally Advanced A		16" _____

DOG INFORMATION ***please print clearly***

Breed _____ Variety _____ Male Female

Reg'd Name of Dog _____

CKC Reg # CKC Misc. # CCN #
 CKC ERN # LISTED

Insert # Here _____

Date Of Birth _____ Place of Birth: Canada Yes
 Elsewhere No

Breeder(s) _____

Sire _____

Dam _____

OWNER/AGENT INFORMATION

Reg'd Owner(s) _____ Membership # _____

Agent _____

Owner's Address _____ Postal Code _____

VISA Mastercard American Express A service charge of 10% will be assessed.

Credit Card # _____ Exp.Date _____ Name of Cardholder _____

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 the consideration of the acceptance of this entry, I 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.

Signature of Owner/Agent _____ Ph.# () _____

Email Address (required) _____