



OFFICIAL CANADIAN KENNEL CLUB FORM  
**RALLY OBEDIENCE TRIAL**

**Canadian Shetland Sheepdog Association**  
**2018 NATIONAL SPECIALTY TRIAL**  
**Friday, May 18, 2018**  
*(for Shetland Sheepdogs only)*

CLOSING DATE: 6 p.m.  
 SAT. MAY 5, 2018  
 Make fees payable to  
 Cathie Kraemer  
 and mail to:  
 MJN Show Services  
 9 Samya Court  
 Scarborough, ON M1R 2A4

*Please type or print clearly*

ENTRY FEES \$ \_\_\_\_\_  
 (\$32.00 per class)  
 LISTING FEES \$ \_\_\_\_\_  
 (\$11.30 per dog)  
 UNOFFICIAL CLASS \$ \_\_\_\_\_  
 (\$15.00 per class)  
 PREPAID CATALOGUE \$ \_\_\_\_\_  
 (\$10.00 each)  
 TOTAL enclosed \$ \_\_\_\_\_

<b>Breed</b> <b>Shetland Sheepdog</b>	<b>Sex</b>
Enter in the following Classes: <input type="checkbox"/> Rally Novice A <input type="checkbox"/> Rally Novice B <input type="checkbox"/> Rally Intermediate <input type="checkbox"/> Rally Advanced A <input type="checkbox"/> Rally Advanced B <input type="checkbox"/> Rally Excellent A <input type="checkbox"/> Rally Excellent B <input type="checkbox"/> Master <input type="checkbox"/> Exhibition Only	<b>Jumps:</b> <input type="checkbox"/> Under 10" (6"/12") <input type="checkbox"/> 10" and under 15" (8"/16") <input type="checkbox"/> 15" and under 20" (12"/24") <input type="checkbox"/> 20" and over (16"/32")

Reg. Name of Dog \_\_\_\_\_

Check One – and – Enter Number here

- CKC Reg. No.  
 CKC ERN No.  
 CKC Misc. Cert. No.  
 Listed

<b>Date of Birth</b> D _____ M _____ Y _____	<b>Is this a puppy?</b> YES ___ NO ___
<b>Place of Birth</b> <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

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

Owner's Address \_\_\_\_\_

City _____	Prov. _____	Code _____
------------	-------------	------------

Name of Owner's Agent (if any)  
 at the Show \_\_\_\_\_

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

City _____	Prov. _____	Code _____
------------	-------------	------------

Mail I.D. to  Owner or  Agent Email \_\_\_\_\_

**FAX/CREDIT CARD ENTRIES**

Amer Express  Mastercard  VISA Card No. \_\_\_\_\_ Expiry \_\_\_\_\_  
 Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

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. Also by signing this form, I certify that I will not hold the Trial giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_