



Official Kennel Club Entry Form
Wascana Dog Obedience Club Inc.
ALL BREED, MIXED BREED AND UNRECOGNIZED BREED
OBEDIENCE ENTRY FORM



Make cheques payable to Wascana Dog Obedience Club Inc

Limited Entry

Saturday, October 15, 2022 Trial #1 Sunday, October 16, 2022 Trial #3
 Saturday, October 15, 2022 Trial #2 Sunday, October 16, 2022 Trial #4

Entries Close: September 30, 2022 8:00 pm CST or when limit is reached

Entry Fees - \$ 30.00 per trial or \$110 for 4 trials (same dog)
 Exhibition Only per trial- \$ 8.00 Listing Fees - \$ 10.50 per trial

Entry Fee \$	TCN Fee \$	Total \$
	Total \$	

BREED _____ VARIETY: _____ SEX Male
 Female

JUMPS :Height		Width	
<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Open HB	
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open 18 A	<input type="checkbox"/> Utility A	
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open HA	<input type="checkbox"/> Utility B	
<input type="checkbox"/> Novice C	<input type="checkbox"/> Open 18 B	<input type="checkbox"/> EXHIBITION ONLY	

Registered Name: _____

Check one ONLY

CKC Reg # CKC CCN # Enter Number Date of Birth _____
 CKC ERN # TCN Reg # _____ Day Month Year
 CKC Misc Cert #
 CKC PEN # Place of Birth _____ Canada ____ Elsewhere ____

Breeder/s _____

Sire _____

Dam _____

Reg Owner/s _____ CKC Membership # _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name (if any) _____

Agent's Address _____

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 are entered above and I accept full

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 are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

IDs WILL NOT BE MAILED. Please supply email address below for entry confirmation
 MAIL OR DROP OFF ENTRIES AT: 219 Blue Sage Drive, Moose Jaw, SK S6J 1N5

Credit card payments will go through DOGSHOW.ca
 Visa ___ Mastercard ___ Am Express ___ Card # _____ Expiry Date ___/___

Name of Card Holder: _____

 SIGNATURE OF OWNER/AGENT

(____) _____
 TELEPHONE NUMBER

E-MAIL _____
 Please Print Clearly