 <p>Official Canadian Kennel Club Entry Form</p> <p>MARITIME GROUP 7 CLUB Scent Detection Trial 1</p> <p>April 20, 2024</p>	Administrative use only
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<input type="checkbox"/> Trial 1	Component: ___ x \$ 30.00 = _____ Any Combination of 3 Components: \$ 75.00 = _____ (Per dog) TCN Fees: ___ x \$ 11.50 = _____ Instinct Test: ___ x \$ 25.00 = _____ Ex. Only: ___ x \$ 8.00 = _____ Catalogue: ___ x \$ 5.00 = _____ Total: _____
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Please Print or Type CLEARLY (ONE DOG PER ENTRY)

CLASSES			
<input type="checkbox"/> INSTINCT	<input type="checkbox"/> NOVICE	<input type="checkbox"/> OPEN	<input type="checkbox"/> EXCELLENT
<input type="checkbox"/> MASTER	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT
<input type="checkbox"/> Container	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Container
<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior
<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior

BREED	VARIETY	SEX
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NAME OF DOG		
Check one & enter Reg # here <input type="checkbox"/> CKC REG # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # <input type="checkbox"/> CKC PEN # <input type="checkbox"/> CKC TCN # <input type="checkbox"/> CKC CCN #	Date of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___
Place of Birth ___ Canada ___ Elsewhere		

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POSTAL CODE
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AGENT NAME


AGENT ADDRESS

CITY	PROV	POSTAL CODE
Mail ID to: ___ OWNER or ___ AGENT		

*EMAIL

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, its members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of Agent or Owner _____	Phone Number _____
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 <p>Official Canadian Kennel Club Entry Form</p> <p>MARITIME GROUP 7 CLUB Scent Detection Trial 2</p> <p>April 21, 2024</p>	Administrative use only
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<input type="checkbox"/> Trial 1	Component: ___ x \$ 30.00 = _____ Any Combination of 3 Components: \$ 75.00 = _____ (Per dog) TCN Fees: ___ x \$ 11.50 = _____ Instinct Test: ___ x \$ 25.00 = _____ Ex. Only: ___ x \$ 8.00 = _____ Catalogue: ___ x \$ 5.00 = _____ Total: _____
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Please Print or Type CLEARLY (ONE DOG PER ENTRY)

CLASSES			
<input type="checkbox"/> INSTINCT	<input type="checkbox"/> NOVICE	<input type="checkbox"/> OPEN	<input type="checkbox"/> EXCELLENT
<input type="checkbox"/> MASTER	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT	<input type="checkbox"/> COMPONENT
<input type="checkbox"/> Container	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Container
<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior	<input type="checkbox"/> Interior
<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Exterior

BREED	VARIETY	SEX
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NAME OF DOG		
Check one & enter Reg # here <input type="checkbox"/> CKC REG # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # <input type="checkbox"/> CKC PEN # <input type="checkbox"/> CKC TCN # <input type="checkbox"/> CKC CCN #	Date of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___
Place of Birth ___ Canada ___ Elsewhere		

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POSTAL CODE
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AGENT NAME

AGENT ADDRESS

CITY	PROV	POSTAL CODE
Mail ID to: ___ OWNER or ___ AGENT		

*EMAIL

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, its members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of Agent or Owner _____	Phone Number _____
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