



**Official Kennel Club Entry Form
Wascana Dog Club Inc.**



**ALL BREED, MIXED BREED AND UNRECOGNIZED BREED
OBEDIENCE ENTRY FORM**

Make cheques payable to Wascana Dog Club Inc

Limited Entry

Saturday, November 2, 2024 Trial #1
Saturday, November 2, 2024 Trial #2

Sunday, November 3, 2024 Trial #3
Sunday, November 3, 2024 Trial #4

Entries Close: October 18, 2024 6:00 pm CST or when limit is reached

**Entry Fees - \$30.00 per trial; \$112 for 4 trials; Day of Entry-
\$45.00; Exhibition Only per trial- \$8.00 Listing Fees - \$ 10.50
per trial**

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

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

Registered Name: _____

Check one ONLY **Date of Birth**

CKC Reg # CKC CCN # Enter Number _____

CKC ERN # TCN Reg # _____

CKC Misc Cert # _____

Day Month Year

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 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 () _____ E-MAIL _____
TELEPHONE NUMBER Please Print Clearly