



LIMITED ENTRY OBEDIENCE & RALLY TRIALS

Windsor All Breed Training & Tracking Club

CLOSING DATE: 8 p.m.
Wednesday, March 4, 2020
or when the limit of 420 minutes
for each judge, each day is reached.
Make fees payable to

**Windsor All Breed
Training & Tracking Club**

and mail to:
MJN Show Services
9 Samya Court
Scarborough, ON M1R 2A4

OBEDIENCE

Saturday, MARCH 21, 2020
 Trial #1 Trial #2

Sunday MARCH 22, 2020
 Trial #3 Trial #4

RALLY OBEDIENCE

Saturday, MARCH 21, 2020
 Trial #1 Trial #2

Sunday MARCH 22, 2020
 Trial #3 Trial #4

Please type or print clearly

ENTRY FEES \$ _____
(\$32.00 per trial)

LISTING FEES \$ _____
(\$11.30 per trial)

DAY OF EVENT \$ _____
(\$35.00 per trial)

EXHIBITION ONLY \$ _____
(\$10.00)

Prepaid Catalogue \$ _____
(\$5.00 each)

TOTAL enclosed \$ _____

Breed	Variety	Sex
Enter in the following Classes:		
<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Open HB	<input type="checkbox"/> Rally Jump Heights (Advanced/Excellent)
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open 18A	
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open 18B	<input type="checkbox"/> Under 10" (6"/12")
<input type="checkbox"/> Novice C	<input type="checkbox"/> Utility A	<input type="checkbox"/> 10" and under 15" (8"/16")
<input type="checkbox"/> Novice Int.	<input type="checkbox"/> Utility B	<input type="checkbox"/> 15" and under 20" (12"/24")
<input type="checkbox"/> Open HA	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> 20" and over (16"/32")
	<input type="checkbox"/> Rally Novice A	Obedience Jumps: Height _____ Width _____
	<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"/> Rally Master	

Reg. Name of Dog _____

Check One – and – Enter Number here

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert. No.
- CKC CCN No.
- TCN No. (Listed)

Date of Birth	Is this a puppy?
D _____ M _____ Y _____	YES ___ NO ___

Place of Birth

Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
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Name of Owner's Agent (if any)
at the Trial

Agent's Address _____

City	Prov.	Code
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Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

AMEX 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 Show 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.