
 <p>Official Canadian Kennel Club Entry Form</p> <p>MARITIME GROUP 7 CLUB Scent Detection Trial 1</p> <p>September 30, 2023</p>	Administrative use only																
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Trial 1 </td> <td style="width:50%; border: none;"> 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: _____ </td> </tr> </table>		<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: _____														
<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: _____																
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 <table style="width:100%; border: none;"> <tr> <td style="width:25%;">COMPONENT</td> <td style="width:25%;">COMPONENT</td> <td style="width:25%;">COMPONENT</td> <td style="width:25%;">COMPONENT</td> </tr> <tr> <td><input type="checkbox"/> Container</td> <td><input type="checkbox"/> Container</td> <td><input type="checkbox"/> Container</td> <td><input type="checkbox"/> Container</td> </tr> <tr> <td><input type="checkbox"/> Interior</td> <td><input type="checkbox"/> Interior</td> <td><input type="checkbox"/> Interior</td> <td><input type="checkbox"/> Interior</td> </tr> <tr> <td><input type="checkbox"/> Exterior</td> <td><input type="checkbox"/> Exterior</td> <td><input type="checkbox"/> Exterior</td> <td><input type="checkbox"/> Exterior</td> </tr> </table>		COMPONENT	COMPONENT	COMPONENT	COMPONENT	<input type="checkbox"/> Container	<input type="checkbox"/> Container	<input type="checkbox"/> Container	<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
COMPONENT	COMPONENT	COMPONENT	COMPONENT														
<input type="checkbox"/> Container	<input type="checkbox"/> Container	<input type="checkbox"/> Container	<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															
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															
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 _____															

 <p>Official Canadian Kennel Club Entry Form</p> <p>MARITIME GROUP 7 CLUB Scent Detection Trial 1</p> <p>September 30, 2023</p>	Administrative use only																
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Trial 1 </td> <td style="width:50%; border: none;"> 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: _____ </td> </tr> </table>		<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: _____														
<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: _____																
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 <table style="width:100%; border: none;"> <tr> <td style="width:25%;">COMPONENT</td> <td style="width:25%;">COMPONENT</td> <td style="width:25%;">COMPONENT</td> <td style="width:25%;">COMPONENT</td> </tr> <tr> <td><input type="checkbox"/> Container</td> <td><input type="checkbox"/> Container</td> <td><input type="checkbox"/> Container</td> <td><input type="checkbox"/> Container</td> </tr> <tr> <td><input type="checkbox"/> Interior</td> <td><input type="checkbox"/> Interior</td> <td><input type="checkbox"/> Interior</td> <td><input type="checkbox"/> Interior</td> </tr> <tr> <td><input type="checkbox"/> Exterior</td> <td><input type="checkbox"/> Exterior</td> <td><input type="checkbox"/> Exterior</td> <td><input type="checkbox"/> Exterior</td> </tr> </table>		COMPONENT	COMPONENT	COMPONENT	COMPONENT	<input type="checkbox"/> Container	<input type="checkbox"/> Container	<input type="checkbox"/> Container	<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
COMPONENT	COMPONENT	COMPONENT	COMPONENT														
<input type="checkbox"/> Container	<input type="checkbox"/> Container	<input type="checkbox"/> Container	<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															
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															
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 _____															