

OFFICE USE	 OFFICIAL CKC ENTRY FORM OBEDIENCE & RALLY OBEDIENCE LETHBRIDGE & DISTRICT KENNEL CLUB	OFFICE USE	
RALLY OBEDIENCE # 1 _____ (Sat.) # 3 _____ (Sun.) # 2 _____ (Sat.) # 4 _____ (Sun.)		OBEDIENCE # 1 _____ (Sat.) # 3 _____ (Sun.) # 2 _____ (Sat.) # 4 _____ (Sun.)	
Entry Fee _____ Listing Fee _____ Prepaid Catalogue _____ Total _____		Entry Fee _____ Listing Fee _____ Prepaid Catalogue _____ Total _____	
PLEASE TYPE OR PRINT CLEARLY			
BREED		VARIETY	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ENTER IN THE FOLLOWING CLASSES:			
RALLY OBEDIENCE <input type="checkbox"/> NOVICE A (R.N.) <input type="checkbox"/> NOVICE B (R.N.) <input type="checkbox"/> INTERMEDIATE (R.I.) <input type="checkbox"/> ADVANCED "A" (R.A.) <input type="checkbox"/> ADVANCED "B" (R.A.) <input type="checkbox"/> EXCELLENT "A" (R.E.) <input type="checkbox"/> EXCELLENT "B" (R.E.) <input type="checkbox"/> MASTERS (R.M.)		OBEDIENCE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> OPEN HA <input type="checkbox"/> OPEN 18A <input type="checkbox"/> OPEN HB <input type="checkbox"/> OPEN 18B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B	
<input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> JUMP HEIGHT <input type="checkbox"/> PREPAID CATALOGUE		<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> EXHIBITION ONLY OBED. <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> JUMP HEIGHT	
REGISTERED NAME OF DOG			
CHECK ONE & ENTER NUMBER BELOW: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Day / Month / Year	
		ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER:		PLACE OF BIRTH	
		CANADA <input type="checkbox"/> ELSEWHERE <input type="checkbox"/>	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)		CKC MEMBERSHIP #	
OWNER'S ADDRESS			
CITY		PROV./STATE	POSTAL CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW			
AGENT'S ADDRESS			
CITY		PROV./STATE	POSTAL CODE
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		EXPIRY	
CARD NO. _____		_____ / _____	
CARDHOLDER NAME (PLEASE PRINT) _____			
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.			
SIGNATURE OF OWNER OR AGENT _____			
E-MAIL:		TELEPHONE NUMBER _____	

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