



# Mount Cheam Canine Association

*Obedience*  
**Fri. Sept 25/15**

*Obedience*  
**Sat. Sept 26/15**

*Rally*  
**Sun. Sept 27/15**

Tr 1  Tr 2

Tr 3  Tr 4

Tr 5  Tr 6

**ENTRIES CLOSE: WEDNESDAY - SEPTEMBER 9, 2015 @ 6:00pm PDT**

All fees payable to and mailed to:

**Phone**  
**(204) 878-9761**

**Mt. Cheam Canine Association c/o C & D Show Services**  
**Box 75, Group 4, RR#2 Lorette, MB R0A 0Y0**

**Fax**  
**(204) 237-0965**

Entry Fees \$ \_\_\_\_\_ Listing Fees \$ \_\_\_\_\_ Catalogue \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Obedience or Rally (per trial entry) = \$27.00

- Pre-Novice  Open A
- Novice A  Open B
- Novice B  Utility A
- Novice Inter.  Utility B
- Novice C  Exhibition Only

Obedience Jumps:  
High \_\_\_\_\_ in.  
Broad \_\_\_\_\_ in.

- Rally Novice A
- Rally Novice B
- Rally Advanced A
- Rally Advanced B
- Rally Excellent A
- Rally Excellent B
- Rally Intermediate

\*Jump Height  
\_\_\_\_\_ 6"  
\_\_\_\_\_ 8"  
\_\_\_\_\_ 12"  
\_\_\_\_\_ 16"

**\* OBEEDIENCE SPECIAL \***  
**All 4 trials**  
**(same dog/same class) \$100**

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Reg'd Name of Dog \_\_\_\_\_

- Check One and Enter Number Here
- CKC Reg. No.
  - CKC ERN Number
  - CKC PEN Number
  - CKC CCN Number
  - CKC Misc. Cert. No.
  - Listed (No CKC/ERN/PEN/CCN No.)

Date of Birth \_\_\_\_\_ Is this a Puppy?  
M \_\_\_ D \_\_\_ Y \_\_\_ Yes  No

Place of Birth  
Canada  Elsewhere

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner \_\_\_\_\_

Agent (if any) \_\_\_\_\_

Owner or Agents Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Mail acknowledgements to (check one only): OWNER  or AGENT

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 agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in this premium list. I also agree by supplying my credit card number that I hereby allow Manitoba K9 Assoc. to charge my entry fees plus a 10% handling fee to my credit card..

(check one only)    

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_  
(Please print or type clearly)

Signature of Owner/Agent \_\_\_\_\_ Ph.# ( ) \_\_\_\_\_

Email address: \_\_\_\_\_