Official Canad	Administrative use only							
Cobequid Dog Cl	ub O bedie	ence Entr	y Form					
[] Trial 1 (Sat) [] Trial 2 (Sat)	OTCH/MOTCH x\$ Wild Card x\$ TCN Fees: x\$ Ex. Only: x\$ Catalog: x\$ Total: x\$			0.00 =				
Use separate entry forms for Obedience and Rally								
Please Print or type CLEARLY Enter in one only of the following classes								
OBEDIENCE [] Pre-Novice [] Novice A [] Novice B [] Novice C [] Novice Intermediate	[] Open [] Open [] Open	[] Open 18A						
BREED		VA	RIETY	SEX				
NAME OF DOG								
Check one & enter Reg # here CKC Reg # CKC ERN # CKC MSC # TCN BREEDER		Date Of E	Month Year	Place Of Birth Canada Elsewhere				
SIRE								
DAM								
REG. OWNER								
OWNER ADDRESS								
CITY	PRO	V	POST CODE					
AGENT NAME								
AGENT ADDRESS								
CITY	PRO	v	POST CODE					
Mail ID to: OWNER or AGENT								
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, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.								
Signature of agent or owner Phone Number Fmail:								

Official Canadia	Administrative use only							
Cobequid Dog Club F	Raily	Obedie	ence	Entry Form				
[] Trial 1 (Sun) Entry fees								
[] Novice B [] Intermediate [] Advanced A [] Advanced B	[] N	Excellent B Master Ex. Only		Rally Jump He	ight			
BREED			,	VARIETY	SEX			
NAME OF DOG					'			
Check one & enter Reg # here CKC Reg # CKC ERN # CKC MSC # TCN BREEDER			Date C	te Of Birth Place Of Bir Canad Month Year Elsew				
SIRE								
DAM								
REG. OWNER								
OWNER ADDRESS								
CITY		PROV		POST CODE				
AGENT NAME								
AGENT ADDRESS								
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Signature of agent or owner Phone Number Email:								