

Yvon Touchette, 774 Bonin Street

Azilda, ON, P0M 1B0 705-983-4164

Official Canadian Kennel Club Entry Form Obedience Sudbury & District Kennel Club Inc Dec 13, 14 & 15, 2019 Limited Entry Entry Fee per trial: Early Bird Date: Nov 19, 2019 Early bird entry fee: Make cheque payable to SDKC Mail entries to: Day of entry fee:

\$35.00 Exhibition Only per trial \$10.00 Listing Fee per trial \$11.30 Closes Dec 3rd, 2019 Total Entry Fee` \$ _____

\$30.00

\$25.00

Breed			Sov			
		Sex Check on				
Obedience Trial(s) Entered Trial # 1 Trial # 2 Trial # 3 Trial # 4 Trial # 5 Trial # 6	 Pre N Novia Novia Novia Oper Oper Utility Utility 	lovice ce A ce B ce C n HA 18A n HB 18B y A	Jump Height Division	only	Check one CKC REG # CKC ERN # CKC MISC CERT # LISTED PEN # CCN Enter CKC # Here	
Variety	Height	at Withers	Date of Birth (MMDDYY)		Place of Birth I Canada I Other	
Reg Name:						
BREEDER(S):						
SIRE:						
DAM:						
REGISTERED OWNER(S)						
OWNER'S ADDRESS						
CITY PROV/STATE CODE/ZIP						
Name of Owner's Agent(if any)						
AGENT'S ADDRESS:						
CITY PROV/STATE CODE/ZIP						
Mail I.D. to Owner Ogent						
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 n this entry. In consideration of 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 Phone Number			Email Address			



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5	

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Obedience Trial(s) Entered Trial # 1 Trial # 2 Trial # 3 Trial # 4 Trial # 5 Trial # 6	Obedience Class Pre Novice Novice A Novice B Novice C Open HA 18A Open HB 18B Utility A Utility B Inter. Novice	Jump Height Division	Check one CKC REG # CKC ERN # CKC MISC CERT # LISTED PEN # CCN Enter CKC # Here				
Variety	Height at Withers	Date of Birth (MMDDYY)	Place of Birth				
Reg Name:							
BREEDER(S):							
SIRE:							
DAM:							
REGISTERED OWNER(S)							
OWNER'S ADDRESS							
CITY PROV/STATE CODE/ZIP							
Name of Owner's Agent(Name of Owner's Agent(if any)						
AGENT'S ADDRESS:							
CITY PROV/STATE CODE/ZIP							
Mail I.D. to Owner OAgent							
accept full responsibility for all s		deration of acceptance of th	ner(s) whose name(s) I have entered above and nis entry I (we) agree to be bound by the rules ng in the premium list.				
Signature of Owner or Agent Phone Numbe		er	Email Address				