Official Can	Administrative use only						
Cob Obed							
[] Trial 1 [] Trial 2	Entry fees: OTCH/MOTC Same Day Er TCN Fees: Ex. Only: Catalog: Total:	30.00 =					
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 [] Exhib	18A HB	[] Utility A [] Utility B Rally Jump H	eight			
BREED			VARIETY	SEX			
NAME OF DOG							
Check one & enter Reg # here CKC Reg # CKC ERN # CKC MSC # TCN		Date	y Month Year	Place Of Birth Canada Elsewhere			
BREEDER							
SIRE							
DAM							
REG. OWNER							
OWNER ADDRESS							
CITY	PRO	οv	POST CODE				
AGENT NAME							
AGENT ADDRESS							
CITY	PRO	οv	POST CODE	:			
Mail ID t	o: 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 Email:							

Official Canadian Keni	Administrative use only						
Cobequid Rally-Obediend							
[] Trial 2 RAE/F Same TCN F Ex. Or Catalo							
Please Print or Type CLEARLY							
Enter in one only of the following classes RALLY-OBEDIENCE							
[] Novice A [] [] Novice B [] [] Intermediate [] Excellent A] Excellent B] Master Rally Jump He] Ex. Only			eight			
BREED			VARIETY	SEX			
NAME OF DOG							
Check one & enter Reg # here CKC Reg # CKC ERN # CKC MSC # TCN		Date Of Birth Day Month Year		Place Of Birth Canada Elsewhere			
BREEDER							
DAM							
REG. OWNER							
OWNER ADDRESS							
CITY	PROV		POST CODE				
AGENT NAME							
AGENT ADDRESS							
CITY	PROV		POST CODE				
Mail ID to: OWNER or AGENT							
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Signature of agent or owner Phone Number Email:							