

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM THE SKAHA KENNEL CLUB Obedience Trials SEPTEMBER 1 & 2, 2018	OFFICE USE	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____			
Saturday Sept. 1, 2018 _____ / Sunday Sept. 2, 2018 _____			
A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES			
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<input type="checkbox"/> PreNovice <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Novice C <input type="checkbox"/> Novice Intermediate <input type="checkbox"/> Open HA <input type="checkbox"/> Open HB	<input type="checkbox"/> Open 18A <input type="checkbox"/> Open 18B <input type="checkbox"/> Utility A <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only	<input type="checkbox"/> JUMPS Height _____ Width _____	<input type="checkbox"/> Veterans trial 1 Saturday _____ <input type="checkbox"/> Prepaid Catalogue _____
REG. NAME OF DOG			
CHECK ONE – AND - ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CCN <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED		_____ / _____ / _____ Month Day Year	<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER: _____		PLACE OF BIRTH CANADA ELSEWHERE	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
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			
CARD NO. _____		EXPIRY _____ / _____	
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 _____		Telephone number _____	
E-MAIL: _____			

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM THE SKAHA KENNEL CLUB Rally Trials SEPTEMBER 1 & 2, 2018	OFFICE USE	
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Saturday Sept. 1, 2018 _____ / Sunday Sept. 2, 2018 _____			
A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES			
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<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 <input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> EXHIBITION ONLY (3-6 MO.)	<input type="checkbox"/> JUMPS Height _____	<input type="checkbox"/> Prepaid Catalogue _____
REG. NAME OF DOG			
CHECK ONE – AND - ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CCN <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED		_____ / _____ / _____ Month Day Year	<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER: _____		PLACE OF BIRTH CANADA ELSEWHERE	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
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			
CARD NO. _____		EXPIRY _____ / _____	
CARDHOLDER NAME (PLEASE PRINT) _____			
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