

Armband#

## **OBEDIENCE ENTRY FORM**

COLINGE	Y 1880 FORKS									
NAME OF CLUB: HAMILTON DOG OBEDIENCE CLUB										
Trial(s) entered: #309 #310										
FEES: ENTRY FEES:			CATALOO		iUE:		TOTAL:			
	LISTING FEE	S:		NON-MEMBER:						
CLASS(ES) ENTERED please circle desired class(es)										
PRE NOVICE			OPEN A B		EXHIBITION ONLY					
			UTIL A B			BRACE				
	NOVICE INTERMEDIATE			UNOFFICIAL			JUMPS			
DOG INFORMATION:										
REGISTERED NAME OF DOG:										
BREED	BREED: SEX: M F									
REGISTRATION NUMBER:										
Circle type of number: CKC ERN PEN CCN MISC LISTED										
DATE C	OF BIRTH: day	:	m	onth:		year:				
PUPPY: YES NO Place of birth: CANADA ELSEWH						ELSEWHER	E			
BREED	ER:									
SIRE:										
DAM:										
OWNE	R INFORMAT	ION:	Μ	IAIL ID TO:	0\	<b>NNER</b>	AGENT			
OWNE	R(S):									
ADDRE	SS:									
Email:										
AGENT	•									
AGENT	'S ADDRESS:									
				Email:						

I CERTIFY that I am the registered owner(s) of the dog or that I am the agent authorized by the actual 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:

Telephone:

			mband#									
	RALLY ENTRY FORM											
NAME OF CLUB: HAMILTON DOG OBEDIENCE CLUB												
Trial(s) entered: #51 #52												
FEES:	ENTRY FEES:		CATALOGUE:			TOTAL:						
	LISTING FEES:	NON-MEMBER:										
CLASS(ES) ENTERED please circle desired class(es)												
NOVIC		ADVAN				ION ONLY						
RALLY INTERMEDIATE EXCELI			ENT A	νВ	JUMPS							
DOG INFORMATION:												
REGISTERED NAME OF DOG:												
BREED: SEX: M												
REGISTRATION NUMBER:												
Circle type of number: CKC ERN PEN CCN MISC LISTED												
DATE OF BIRTH: day: month: year:												
PUPPY	YES NO	ace of birth: CANADA			ELSEWHERE							
BREED	ER:											
SIRE:												
DAM:												
OWNE	R INFORMATIC	IAIL ID TO:	0	WNER A	AGENT							
OWNE	R(S):											
ADDRESS:												
Email:												
AGENT	:											
AGENT'S ADDRESS:												
Email:												

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Signature:

Telephone: