



OFFICIAL CANADIAN KENNEL CLUB FORM
THE OTTAWA KENNEL CLUB
 Mail to: Diana Edwards Show Services
 1562 Route 203, Howick, Qc J0S 1G0

Obedience – Sat & Sun

- May 27 - Trial 1
- May 27 - Trial 2
- May 28 - Trial 3
- May 28 - Trial 4

Rally (Friday – 4 Trials)

- May 25 - Trial 1
- May 25 - Trial 2
- May 25 - Trial 3
- May 25 - Trial 4

Rally – Sat & Sun

- May 26 - Trial 5
- May 26 - Trial 6
- May 27 - Trial 7
- May 27 - Trial 8

Total: \$ _____ Entry Fees: \$ _____ Listing Fees: \$ _____ Catalogue: \$8.00
 Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | | | |
|--|-----------------------------------|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Open HA | <input type="checkbox"/> Utility A | <input type="checkbox"/> Novice A | <input type="checkbox"/> Excellent A |
| <input type="checkbox"/> Novice A | <input type="checkbox"/> Open 18A | <input type="checkbox"/> Utility B | <input type="checkbox"/> Novice B | <input type="checkbox"/> Excellent B |
| <input type="checkbox"/> Novice B | <input type="checkbox"/> Open HB | | <input type="checkbox"/> Intermediate | |
| <input type="checkbox"/> Novice C | <input type="checkbox"/> Open 18B | | <input type="checkbox"/> Advanced A | |
| <input type="checkbox"/> Nov. Intermediate | Jump: _____ | | <input type="checkbox"/> Advanced B | Jump: _____ |

Reg.Name of Dog _____

Check One and Enter Number Here

- CKC Reg.No.
- CKC ERN No.
- CKC Misc.Cert.No.
- Listed (no C.K.C.No.)
- CKC PEN No.
- CKC CCN No

Date of Birth

D ___ M ___ Y ___

Is this a Puppy?

YES NO

Place of Birth

Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City _____

Prov. _____

Postal Code _____

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____

Prov. _____

Postal Code _____

Mail / email I.D. to:

- Owner
- Agent

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NUMBER _____

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.

Email: _____

FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____