



Office Use	Official Canadian Kennel Club Entry Form			Office Use
	<b>Rocky Mountain Working Herding Club of Alberta</b>			
	Obedience Trials			
	Thursday, July 15 Trial #1 <input type="checkbox"/>	Thursday, July 15 Trial #2 <input type="checkbox"/>		
	Friday, July 16 Trial #3 <input type="checkbox"/>	Friday, July 16 Trial #4 <input type="checkbox"/>		
<i>Entry Fees</i>	<i>TCN Fees</i>	<i>Miscellaneous</i>	<i>Total</i>	
<small>PLEASE TYPE OR PRINT CLEARLY</small>				
<i>Breed</i>			<i>Variety</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<small>ENTER IN THE FOLLOWING CLASSES</small>				
<b>OBEDIENCE</b>				
<input type="checkbox"/> PRE NOVICE <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	
			JUMP HEIGHT: _____	
<small>REGISTERED NAME OF DOG</small>				
<b>Check One</b>		<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Is this a Puppy?</b>
<input type="checkbox"/> CKC Registration # <input type="checkbox"/> CKC ERN # <small>Number</small>		<input type="checkbox"/> TCN Registration # <input type="checkbox"/> CKC MCN # <input type="checkbox"/> CCN or PEN #	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>DD / MM / YY</small>				
<i>Breeder(s)</i>				
<i>Sire</i>				
<i>Dam</i>				
<i>Registered Owner(s)</i>				
<i>Owner Address</i>				
<small>City, Prov/State, Postal/Zip Code</small>				
<i>Agent/Handler (if any)</i>				
<i>Agent/Handler Address</i>				
<small>City, Prov/State, Postal/Zip Code</small>				
<b><u>IDs will not be mailed – Please supply email address below for entry confirmation</u></b>				
<input type="checkbox"/> VISA		<input type="checkbox"/> MasterCard		<input type="checkbox"/> American Express
<i>Card Number</i>			<i>Expiry Date</i> MM / YY	
<i>Card Holder Name (please print)</i>				
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.				
<i>Signature of Owner or Agent</i>				
<i>Email</i>			<i>Telephone</i>	