

Official Canadian Kennel Club Entry Form Atlantic Labrador Retriever Club All-Breed Obedience Entry Form	Administrative use only	
<input type="checkbox"/> Trial 1 (Thurs) Entry fees: _____ x \$ 30.00 = _____ TCN Fees: x \$ 11.50 = _____ Ex. Only: x \$ 10.00 = _____ Catalog: x \$ 5.00 = _____ Total: _____ <p style="text-align: center;">*Use separate entry forms for Obedience and Rally*</p>		
Please Print or type CLEARLY		
Enter in one only of the following classes OBEDIENCE <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open HA <input type="checkbox"/> Utility A <input type="checkbox"/> Novice A <input type="checkbox"/> Open 18A <input type="checkbox"/> Utility B <input type="checkbox"/> Novice B <input type="checkbox"/> Open HB <input type="checkbox"/> Novice C <input type="checkbox"/> Open 18B Rally Jump Height _____ <input type="checkbox"/> Novice Intermediate <input type="checkbox"/> Exhibition Only		
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		
SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POST CODE
AGENT NAME		
AGENT ADDRESS		
CITY	PROV	POST CODE
Mail ID to: ___ 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: _____		

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Please Print or type CLEARLY		
Enter in one only of the following classes RALLY-OBEDIENCE <input type="checkbox"/> Novice A <input type="checkbox"/> Excellent A <input type="checkbox"/> Novice B <input type="checkbox"/> Excellent B <input type="checkbox"/> Intermediate <input type="checkbox"/> Master Rally Jump Height _____ <input type="checkbox"/> Advanced A <input type="checkbox"/> Ex. Only <input type="checkbox"/> Advanced B		
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		
SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POST CODE
AGENT NAME		
AGENT ADDRESS		
CITY	PROV	POST CODE
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