


		<b>OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM</b> <b>Cal K-9 Obedience Club of Calgary</b> <b>OBEDIENCE TRIALS</b> <b>Sunday November 27, 2016</b>			
I ENCLOSE \$ _____		ENTRY FEES \$ _____		LISTING FEES \$ _____	
<b>Entries Close 9 pm MST Sunday November 13, 2016</b>					
<i>PLEASE TYPE OR PRINT CLEARLY – FILL IN ONE ENTRY FORM PER DOG PER CLASS PER TRIAL.</i>					
BREED _____				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>Trial # 1</b> <input type="checkbox"/> <b>Trial # 2</b> <input type="checkbox"/>		Please check if you are eligible for these prizes:			
<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 A <input type="checkbox"/> Open B <input type="checkbox"/> Utility A <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only		<input type="checkbox"/> Conformation Champion <input type="checkbox"/> 1st Utility Leg <input type="checkbox"/> Sporting Breed with Field Title <input type="checkbox"/> High Scoring 2016 Obedience Partner student – no OTCH	
Jump Height: _____ / _____ <input type="checkbox"/> Lunch Pre-Order (\$5.00) <input type="checkbox"/> Vegetarian					
REG. NAME OF DOG _____					
CHECK ONE AND ENTER NUMBER HERE		DATE OF BIRTH		ON SHOW DATE IS THIS A PUPPY?	
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NUMBER: _____		<input type="checkbox"/> CKC ERN LISTED _____ / _____ / _____ Day Month Year		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		PLACE OF BIRTH			
		<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE			
BREEDER(S) _____					
SIRE _____					
DAM _____					
REG'D OWNER(S) _____					
CKC MEMBERSHIP NUMBER _____					
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 _____	
Credit Card Number: _____		Expiry: _____		<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	
Email (for schedule and confirmation) _____					
<small>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.</small>					
SIGNATURE OF OWNER OR AGENT _____				TELEPHONE NUMBER _____	

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