



OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION <b>LLOYDMINSTER KENNEL &amp; OBEDIENCE CLUB</b> September 24 <sup>th</sup> & September 26 <sup>th</sup> , 2021	OFFICE USE
<b>CONFORMATION</b>		
<input type="checkbox"/> Friday #1 <input type="checkbox"/> Friday #2 <input type="checkbox"/> Saturday #3 <input type="checkbox"/> Saturday #4      _____ Entry Fee <input type="checkbox"/> Sunday #5 <input type="checkbox"/> Sunday #6        _____ TCN Fee		
<i>PLEASE TYPE OR PRINT CLEARLY</i>		
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY (4-6 Months)	
REG'D NAME OF DOG		
CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> TCN REG NO.	DATE OF BIRTH ____ / ____ / ____ Day      Month      Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		CKC MEMBERSHIP #
OWNER'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE
<b><i>IDs will not be mailed – please supply email address below for entry confirmation</i></b>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		
CARD NO. _____	EXPIRY ____ / ____	
CARDHOLDER NAME (PLEASE PRINT) _____		
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.		
SIGNATURE OF OWNER OR AGENT _____		
E-MAIL ADDRESS: _____	TELEPHONE NUMBER _____	

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE & RALLY OBEDIENCE <b>LLOYDMINSTER KENNEL &amp; OBEDIENCE CLUB</b> September 24 <sup>th</sup> & September 26 <sup>th</sup> , 2021	OFFICE USE
<b>OBEDIENCE</b>		<b>RALLY OBEDIENCE</b>
<input type="checkbox"/> Saturday #1      _____ Entry Fee <input type="checkbox"/> Saturday #2      _____ TCN Fee <input type="checkbox"/> Sunday #3 <input type="checkbox"/> Sunday #4		<input type="checkbox"/> Saturday #1 <input type="checkbox"/> Saturday #2 <input type="checkbox"/> Sunday #3 <input type="checkbox"/> Sunday #4
BREED		VARIETY
ENTER IN THE FOLLOWING CLASSES: <b>OBEDIENCE</b>		<b>RALLY 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 INTER. <input type="checkbox"/> OPEN HA <input type="checkbox"/> OPEN 18A	<input type="checkbox"/> OPEN HB <input type="checkbox"/> OPEN 18B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B  <input type="checkbox"/> EXHIBITION ONLY  <input type="checkbox"/> JUMP HEIGHT	<input type="checkbox"/> EXCELLENT A <input type="checkbox"/> EXCELLENT B <input type="checkbox"/> MASTER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED A <input type="checkbox"/> ADVANCED B  <input type="checkbox"/> EXHIBITION ONLY  <input type="checkbox"/> JUMP HEIGHT
REG'D NAME OF DOG		
CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> CKC CCN NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> TCN REG NO.	DATE OF BIRTH ____ / ____ / ____ Day      Month      Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		CKC MEMBERSHIP #
OWNER'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE
<b><i>IDs will not be mailed – please supply email address below for entry confirmation</i></b>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		
CARD NO. _____	EXPIRY ____ / ____	
CARDHOLDER NAME (PLEASE PRINT) _____		
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.		
SIGNATURE OF OWNER OR AGENT _____		
E-MAIL ADDRESS: _____	TELEPHONE NO: _____	

