



OFFICIAL CANADIAN KENNEL CLUB FORM  
**Vernon & District Kennel Club**

Conformation  
**Fri. July 3/15**

Conformation  
**Sat. July 4/15**

Conformation  
**Sun. July 5/15**

**ENTRIES CLOSE: WEDNESDAY, JUNE 17, 2015 (6:00pm PDT)**

**Phone**  
**(250) 573-3944**

*All fees payable to and mailed to:*  
**Western Dog Shows Ltd., Show Secretary**  
**PO Box 3070 M.P.P., Kamloops BC Canada V2C 6B7**

**Fax**  
**(250) 573-3574**

Entry Fees \$ \_\_\_\_\_ Listing Fees \$ \_\_\_\_\_ Catalogue \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Enter in the following classes:

- |  |   |
|--|---|
| <input type="checkbox"/> Baby Puppy (\$15)   | <input type="checkbox"/> Bred By Exhibitor (\$28) |
| <input type="checkbox"/> Junior Puppy (\$23) | <input type="checkbox"/> Open (\$28)              |
| <input type="checkbox"/> Senior Puppy (\$28) | <input type="checkbox"/> Specials (\$28)          |
| <input type="checkbox"/> 12-18 mths (\$28)   | <input type="checkbox"/> Exhibition (\$10)        |
| <input type="checkbox"/> Canadian-Bred(\$28) | <input type="checkbox"/> Brace (\$6)              |

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Reg'd Name of Dog \_\_\_\_\_

Check One and Enter Number Here

CKC Reg. No.  
 CKC ERN Number  
 CKC PEN Number  
 CKC Misc. Cert. No.  
 Listed (No CKC/ERN No.)

Date of Birth M \_\_\_ D \_\_\_ Y \_\_\_ Is this a Puppy? Yes  No

Place of Birth  
 Canada  Elsewhere

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Agent (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Mail acknowledgements to (check one only): OWNER  or AGENT

*I accept full responsibility for all statements made on this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and I agree to be bound by the same.*

(check one only)

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_ CVV code \_\_\_\_\_ (3 or 4 digit security code)

Name of Cardholder \_\_\_\_\_

(Please print or type clearly)

Signature of Owner/Agent \_\_\_\_\_ Ph.# ( ) \_\_\_\_\_

Email address: \_\_\_\_\_



OFFICIAL CANADIAN KENNEL CLUB FORM  
**Vernon & District Kennel Club**

Obedience  
**Fri. July 3/15**  
*Obedience Trial 1*

Obedience  
**Sat. July 4/15**  
*Obedience Trial 2*

Obedience  
**Sun. July 5/15**  
*Obedience Trial 3*

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Entry Fees \$ \_\_\_\_\_ Listing Fees \$ \_\_\_\_\_ Catalogue \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Pre-Novice (\$28)          | <input type="checkbox"/> Utility A (\$28)  | <b>Non-Regular Classes</b><br><i>(Friday &amp; Saturday ONLY)</i> |   |
| <input type="checkbox"/> Novice A (\$28)            | <input type="checkbox"/> Utility B (\$28)  |   |   |
| <input type="checkbox"/> Novice B (\$28)            | <input type="checkbox"/> Exhibition (\$10) | <input type="checkbox"/> Graduate Novice (\$15)                   | <input type="checkbox"/> Wild Card (Novice) (\$15)  |
| <input type="checkbox"/> Novice C (\$28)            |  | <input type="checkbox"/> Graduate Open (\$15)                     | <input type="checkbox"/> Wild Card (Open) (\$15)    |
| <input type="checkbox"/> Novice Intermediate (\$28) |  | <input type="checkbox"/> Veterans (\$15)                          | <input type="checkbox"/> Wild Card (Utility) (\$15) |
| <input type="checkbox"/> Open A (\$28)              |  | <input type="checkbox"/> Brace (\$6)                              |   |
| <input type="checkbox"/> Open B (\$28)              |  |   |   |

Obedience Jumps:  
 High \_\_\_\_\_ in.  
 Broad \_\_\_\_\_ in.

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Reg'd Name of Dog \_\_\_\_\_

- Check One and Enter Number Here
- CKC Reg. No.
  - CKC ERN Number
  - CKC PEN Number
  - CKC Misc. Cert. No.
  - Listed (No CKC/ERN No.)

Date of Birth M \_\_\_ D \_\_\_ Y \_\_\_ Is this a Puppy? Yes  No   
 Place of Birth Canada  Elsewhere

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Agent (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

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Name of Cardholder \_\_\_\_\_

(Please print or type clearly)

Signature of Owner/Agent \_\_\_\_\_ Ph.# ( ) \_\_\_\_\_

Email address: \_\_\_\_\_



OFFICIAL CANADIAN KENNEL CLUB RALLY ENTRY FORM

### VERNON & DISTRICT KENNEL CLUB

#### Rally Obedience Trial

Sat. - July 4/2015

Sun. - July 5/2015

Trial 1

Trial 1

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Entry Fees \$ \_\_\_\_\_ Listing Fees \$ \_\_\_\_\_ Catalogue \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Enter in the following Rally classes @ \$28 per trial:

- |  |   |              |          |           |           |
|--|---|--------------|----------|-----------|-----------|
| <input type="checkbox"/> Rally Novice A            | <input type="checkbox"/> Rally Novice B     | *Jump Height |          |           |           |
| <input type="checkbox"/> Rally Novice Intermediate | <input type="checkbox"/> Rally Advanced A*  | _____ 6"     | _____ 8" | _____ 12" | _____ 16" |
| <input type="checkbox"/> Rally Advanced B*         | <input type="checkbox"/> Rally Excellent A* |              |          |           |           |
| <input type="checkbox"/> Rally Excellent B*        |   |              |          |           |           |

**Please print or type entry form clearly** ←

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Reg'd Name of Dog \_\_\_\_\_

Check One and Enter Number Here

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert. Number
- PEN Number
- Listed (No CKC/ERN No.)

Date of Birth \_\_\_\_\_ Is this a Puppy?  
M \_\_\_ D \_\_\_ Y \_\_\_ Yes  No

Place of Birth  
Canada  Elsewhere

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Agent (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Mail acknowledgements to (check one only): OWNER  or AGENT

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(check one only)

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_ CVV code \_\_\_\_\_  
(3 or 4 digit security code)

Name of Cardholder \_\_\_\_\_

(Please print or type clearly)

Signature of Owner/Agent \_\_\_\_\_ Ph.# ( ) \_\_\_\_\_

Email address: \_\_\_\_\_