

OFFICE USE



**Doberman Pinscher
Club of Canada
Oct 16-17, 2015**



OFFICE USE

OBEDIENCE

Fri. #1 _____
Sat. #2 _____ Sat. #3 _____

_____ Entry Fees
_____ Listing Fee
_____ Prepaid Catalogue
_____ Total

PLEASE TYPE OR PRINT CLEARLY

BREED _____	VARIETY _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ENTER THE FOLLOWING CLASSES:

PRE-NOVICE _____	OPEN A _____
NOVICE A _____	OPEN B _____
NOVICE B _____	UTILITY A _____
NOVICE C _____	UTILITY B _____
NOVICE INT. _____	
EXHIBITION ONLY _____	JUMP HEIGHT _____

REG. NAME OF DOG _____

CHECK ONE - AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED	DATE OF BIRTH _____ / _____ / _____ Month / Day / Year
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NUMBER: _____	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
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BREEDER(S) _____

SIRE _____

DAM _____

REG'D OWNER(S) _____

OWNER'S ADDRESS _____

CITY _____	PROV./STATE _____	POSTAL CODE _____
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NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW _____

AGENT'S ADDRESS _____

CITY _____	PROV./STATE _____	POSTAL CODE _____
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IDs will not be mailed – please supply email address below for entry confirmation

VISA MASTERCARD
 CARD NO. _____ EXPIRY _____ / _____
 CARDHOLDER NAME (PLEASE PRINT) _____ MM / YY

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 will allow a photograph of my dog or myself on the AKC website.

SIGNATURE OF OWNER OR AGENT _____

E-MAIL: _____ TELEPHONE NUMBER _____

OFFICE USE



**Doberman Pinscher
Club of Canada
Sun. Oct 18, 2015**



OFFICE USE

RALLY OBEDIENCE

Sun. #1 ___ Sun. #2 ___

____ Entry Fees
____ Listing Fee
____ Prepaid Catalogue
____ Total

PLEASE TYPE OR PRINT CLEARLY

BREED _____	VARIETY _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ENTER THE FOLLOWING CLASSES:

NOVICE A _____	EXCELLENT A _____
NOVICE B _____	EXCELLENT B _____
ADVANCED A _____	EXHIBITION ONLY _____
ADVANCED B _____	
INTERMEDIATE _____	JUMP HEIGHT _____

REG. NAME OF DOG

CHECK ONE - AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO.	DATE OF BIRTH _____ / _____ / _____ Month Day Year
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NUMBER: _____	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
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BREEDER(S) _____

SIRE _____

DAM _____

REG'D OWNER(S) _____

OWNER'S ADDRESS _____

CITY _____	PROV./STATE _____	POSTAL CODE _____
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NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW _____

AGENT'S ADDRESS _____

CITY _____	PROV./STATE _____	POSTAL CODE _____
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VISA MASTERCARD

CARD NO. _____ EXPIRY _____ / _____

CARDHOLDER NAME (PLEASE PRINT) _____ MM / YY

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