

 Official Canadian Kennel Club Entry Form MARITIME GROUP 7 RALLY OBEDIENCE ENTRY FORM 14th March 2021		
<input type="checkbox"/> Rally Trial 1 <input type="checkbox"/> Rally Trial 2		
Entry Fee (Official Classes)	_____ x \$28.00	= \$ _____
Entry Fee (Unofficial Classes)	_____ x \$15.00	= \$ _____
Entry Fee (RAE/RMX)	_____ x \$50.00	= \$ _____
TCN Fee per Dog per Trial	_____ x \$11.50	= \$ _____
Exhibition Only	_____ x \$ 5.00	= \$ _____
Catalogue	_____ x \$ 5.00	= \$ _____
Total Enclosed		\$ _____
Please print or type CLEARLY		
RALLY OBEDIENCE		
<input type="checkbox"/> Novice A <input type="checkbox"/> Advanced A <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent A <input type="checkbox"/> Master <input type="checkbox"/> Novice B <input type="checkbox"/> Advanced B <input type="checkbox"/> Excellent B <input type="checkbox"/> Exhibition Only Brace - <input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Excellent Team - <input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Excellent <div style="text-align: right;">Jump Height _____</div>		
Breed	VARIETY	SEX
Name of Dog		
Check one & enter Reg # here		
<input type="checkbox"/> CKC REG # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> CKC TCN # _____ <input type="checkbox"/> CKC CCN # _____ <input type="checkbox"/> CKC PEN # _____	Date of Birth ____/____/____ Day Month Year	Is this a Puppy <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth ____ Canada ____ Elsewhere		
BREEDER		
SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POSTAL CODE
AGENT NAME		
AGENT ADDRESS		
CITY	PROV	POSTAL CODE
Email confirmation of Entry to: _____ OWNER or _____ AGENT		
* EMAIL		
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 Federation of Canada 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, its Members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.		
Signature of Owner or Agent _____		Phone Number _____

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<input type="checkbox"/> Obed Trial 1 <input type="checkbox"/> Obed Trial 2		
Entry Fee (Official Classes)	_____ x \$28.00	= \$ _____
Entry Fee (Unofficial Classes)	_____ x \$15.00	= \$ _____
Entry Fee (OTCHX/MOTCH)	_____ x \$50.00	= \$ _____
TCN Fee per Dog per Trial	_____ x \$11.50	= \$ _____
Exhibition Only	_____ x \$ 5.00	= \$ _____
Catalogue	_____ x \$ 5.00	= \$ _____
Total Enclosed		\$ _____
Please print or type CLEARLY		
OBEDIENCE		
<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 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 Wildcard - <input type="checkbox"/> Novice <input type="checkbox"/> Open <input type="checkbox"/> Utility <input type="checkbox"/> Veteran <input type="checkbox"/> Exhibition Only <div style="text-align: right;">Jump Height _____</div>		
Breed	VARIETY	SEX
Name of Dog		
Check one & enter Reg # here		
<input type="checkbox"/> CKC REG # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> CKC TCN # _____ <input type="checkbox"/> CKC CCN # _____ <input type="checkbox"/> CKC PEN # _____	Date of Birth ____/____/____ Day Month Year	Is this a Puppy <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth ____ Canada ____ Elsewhere		
BREEDER		
SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POSTAL CODE
AGENT NAME		
AGENT ADDRESS		
CITY	PROV	POSTAL CODE
Email confirmation of Entry to: _____ OWNER or _____ AGENT		
* EMAIL		
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 Federation of Canada 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, its Members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.		
Signature of Owner or Agent _____		Phone Number _____

