



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
THUNDER BAY KENNEL & TRAINING CLUB
SEPTEMBER 12 & 13, 2015

SEPT 12 Ob Trial 1 [] Trial 2 [] Rally Trial 1 [] Trial 2 []
 SEPT 13 Ob Trial 3 [] Trial 4 [] Rally Trial 3 [] Trial 4 []

Entries Close Tuesday, August 25th, 2015 @ 6:00 p.m. EST (early bird August 11th)

Entry \$	Listing Fees \$	Catalogue \$	Total \$
Breed		Call Name	Sex
Obedience Classes <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Ex Only <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 Jumps <input type="checkbox"/> Utility B Height: <input type="checkbox"/> Veterans Width:		Rally Classes Jump Height: <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced A <input type="checkbox"/> Advanced B <input type="checkbox"/> Excellent A <input type="checkbox"/> Excellent B	
Registered Name of Dog:			
Check One, Only Enter Number <input type="checkbox"/> CKC Reg. no. <input type="checkbox"/> CKC ERN no. <input type="checkbox"/> CKC PEN no. <input type="checkbox"/> Listed <input type="checkbox"/> MCN no. <input type="checkbox"/> CCN no.		Date of Birth: d____m____y____ Place of Birth: Canada () Elsewhere ()	
Breeder:			
Sire:			
Dam:			
Reg'd Owner(s):			
Owner's Address:			
City:	Prov./State:	Code:	
Agent's Name (if any):			
Agent's Address:			
City:	Prov./State:	Code:	
Mail Confirmation to: Owner <input type="checkbox"/> Agent <input type="checkbox"/>			
<input type="checkbox"/> Visa <input type="checkbox"/> MC Card No. _____ Expiry: ____/____ Print Name of Cardholder:			
I Certify that I am the registered owner(s) of this dog/bitch or that I am the authorized agent of the owner(s) whose name(s) I have entered above and I 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 CKC and by any additional rules and regulations appearing in the premium list.			
Signature:		Phone	
		E Mail	



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Registered Name of Dog:			
Check One, Only Enter Number [] CKC Reg. no. [] CKC ERN no. [] CKC PEN no. [] Listed [] MCN no. [] CCN no.		Date of Birth: d ____ m ____ y ____	Place of Birth: Canada () Elsewhere ()
Breeder:			
Sire:			
Dam:			
Reg'd Owner(s):			
Owner's Address:			
City:	Prov./State:	Code:	
Agent's Name (if any):			
Agent's Address:			
City:	Prov./State:	Code:	
Mail Confirmation to: Owner [] Agent []			
[] Visa [] MC Card No. _____ Expiry: ____/____			
Print Name of Cardholder:			
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Signature:		Phone	E Mail