


OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM RALLY & OBEDIENCE	OFFICE USE
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Grande Prairie Regional Kennel Club

Rally Obedience

- Fri Trial 1
 Sat Trial 2
 Sun Trial 3

- Entry Fee
 Listing Fee
 Prepaid Catalogue
 Total

OBEDIENCE

- Fri. Trial 1
 Sat. Trial 2
 Sun. Trial 3

PLEASE TYPE OR PRINT CLEARLY

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ENTER IN THE FOLLOWING CLASSES: **RALLY OBEDIENCE** or **OBEDIENCE**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> NOVICE A (R.N.)
<input type="checkbox"/> NOVICE B (R.N.)
<input type="checkbox"/> INTERMEDIATE
<input type="checkbox"/> ADVANCED "A" (R.A.)
<input type="checkbox"/> ADVANCED "B" (R.A.)
<input type="checkbox"/> EXCELLENT "A" (R.E.)
<input type="checkbox"/> EXCELLENT "B" (R.E.) | <input type="checkbox"/> EXHIBITION ONLY
<input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.)

<input type="checkbox"/> JUMP HEIGHT | <input type="checkbox"/> NOVICE A
<input type="checkbox"/> NOVICE B
<input type="checkbox"/> OPEN 18A
<input type="checkbox"/> OPEN 18 B
<input type="checkbox"/> OPEN HA
<input type="checkbox"/> OPEN HB
<input type="checkbox"/> UTILITY A
<input type="checkbox"/> UTILITY B | <input type="checkbox"/> PRE-NOVICE
<input type="checkbox"/> NOVICE C
<input type="checkbox"/> NOVICE INTERMED

<input type="checkbox"/> JUMP HEIGHT _____

<input type="checkbox"/> EXHIBITION ONLY OBED
<input type="checkbox"/> Exhibition Only (3-6)m |
|---|--|---|--|

REG'D. NAME OF DOG

<p style="text-align: center;">CHECK ONE & ENTER NUMBER BELOW:</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO. </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> CKC ERN NO. LISTED <input type="checkbox"/> CKC CCN NO. </td> </tr> </table>	<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. LISTED <input type="checkbox"/> CKC CCN NO.	<p>DATE OF BIRTH</p> <p style="text-align: center;">____ / ____ / ____</p> <p style="text-align: center;">Day Month Year</p>	<p>ON SHOW DATE IS THIS A PUPPY?</p> <p style="text-align: center;">____ YES ____ NO</p>
<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. LISTED <input type="checkbox"/> CKC CCN NO.			

NUMBER:

PLACE OF BIRTH
 CANADA ELSEWHERE

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

CKC MEMBERSHIP #

OWNER'S ADDRESS

CITY

PROV./STATE

POSTAL CODE

NAME OF OWNER'S AGENT
(IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY

PROV./STATE

POSTAL CODE

IDs WILL NOT BE MAILED – PLEASE SUPPLY AN EMAIL TO CONFIRM ENTRY

VISA MASTERCARD 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