

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM <b>Sagebrush Working and Herding</b> <b>Obedience Trials</b> <b>SEPTEMBER 1,2 &amp; 3, 2017</b>	OFFICE USE	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ <b>Friday 1,2017 ___/Saturday Sept. 2,2017 ___/Sunday Sept. 3,2017 ___</b> <b>A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES</b>			
<b>BREED</b>		<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> PreNovice <input type="checkbox"/> Utility A                       JUMPS   <input type="checkbox"/> Novice A <input type="checkbox"/> Utility B                      Height _____ <input type="checkbox"/> Novice B                              Width _____ <input type="checkbox"/> Novice C <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Novice Intermediate <input type="checkbox"/> Open A <input type="checkbox"/> Open B                              _____ <i>Prepaid Catalogue</i>			
<b>REG. NAME OF DOG</b>			
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"/> CCN <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED		<b>DATE OF BIRTH</b> _____ / _____ / _____ Month      Day      Year	<b>ON SHOW DATE IS THIS A PUPPY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NUMBER:</b>		<b>PLACE OF BIRTH</b>	
		<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
<b>BREEDER(S)</b>			
<b>SIRE</b>			
<b>DAM</b>			
<b>REG'D OWNER(S)</b>			
<b>OWNER'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
<b>NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW</b>			
<b>AGENT'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
<b><i>IDs will not be mailed – please supply email address below for entry confirmation</i></b>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
<b>CARD NO.</b> _____		<b>EXPIRY</b> ____/____/____	
<b>CARDHOLDER NAME (PLEASE PRINT)</b> _____			
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.			
<b>SIGNATURE OF OWNER OR AGENT</b> _____		<b>Telephone number</b> _____	
<b>E-MAIL:</b> _____			

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM <b>Sagebrush Working and Herding</b> <b>Rally Trials</b> <b>SEPTEMBER 1,2 &amp; 3, 2017</b>	OFFICE USE	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ <b>Friday1,2017 ___/Saturday Sept. 9,2017 ___/Sunday Sept. 10,2017 ___</b> <b>A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES</b>			
<b>BREED</b>		<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> NOVICE A (R.N.) <input type="checkbox"/> NOVICE B (R.N.) <input type="checkbox"/> PREPAID CATALOGUE                      Height _____  JUMPS   <input type="checkbox"/> INTERMEDIATE (R.I.) <input type="checkbox"/> ADVANCED "A" (R.A.) <input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> ADVANCED "B" (R.A.) <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> EXCELLENT "A" (R.E.) <input type="checkbox"/> EXCELLENT "B"(R.E.)                      _____ <i>Prepaid Catalogue</i>			
<b>REG. NAME OF DOG</b>			
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"/> CCN <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED		<b>DATE OF BIRTH</b> _____ / _____ / _____ Month      Day      Year	<b>ON SHOW DATE IS THIS A PUPPY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NUMBER:</b>		<b>PLACE OF BIRTH</b>	
		<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
<b>BREEDER(S)</b>			
<b>SIRE</b>			
<b>DAM</b>			
<b>REG'D OWNER(S)</b>			
<b>OWNER'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
<b>NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW</b>			
<b>AGENT'S ADDRESS</b>			
<b>CITY</b>		<b>PROV./STATE</b>	<b>POSTAL CODE</b>
<b><i>IDs will not be mailed – please supply email address below for entry confirmation</i></b>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
<b>CARD NO.</b> _____		<b>EXPIRY</b> ____/____/____	
<b>CARDHOLDER NAME (PLEASE PRINT)</b> _____			
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<b>E-MAIL:</b> _____			