
		Official Canadian Kennel Club Entry Form		Administrative use only	
Halifax Kennel Club Obedience					
<input type="checkbox"/> Obed Trial 1(Sat)		Entry fees: _____ x \$30.00 = _____			
<input type="checkbox"/> Obed Trial 2 (Sun)		Entry fees: (MOTCH) _____ x \$50.00 = _____			
		Entry Fees (Day of entry) _____ x \$34.00 = _____			
		Listing Fees: _____ x \$11.50 = _____			
		Ex. Only: _____ x \$ 8.00 = _____			
		Catalog: _____ x \$ 8.00 = _____			
<input type="checkbox"/> Catalog		Total: _____			
Please Print or type CLEARLY					
Enter in one only of the following classes UNOFFICIAL CLASSES					
<input type="checkbox"/> Novice A		<input type="checkbox"/> Pre-Novice			
<input type="checkbox"/> Novice B		<input type="checkbox"/> Novice C			
<input type="checkbox"/> Open A		<input type="checkbox"/> Novice Int.			
<input type="checkbox"/> Open B		<input type="checkbox"/> Exhibition Only			
<input type="checkbox"/> Utility A					
<input type="checkbox"/> Utility B		Jump Height _____			
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"/> Listed		Date Of Birth _____ Day Month Year		Is this a puppy? YES ___ NO ___	
		Place Of Birth ___ Canada ___ Elsewhere			
BREEDER					
SIRE					
DAM					
REG. OWNER					
OWNER ADDRESS					
CITY		PROV		POST CODE	
AGENT NAME					
AGENT ADDRESS					
CITY		PROV		POST CODE	
Mail ID to: ___ OWNER or ___ AGENT					
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 Kennel Club 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, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.					
Signature of agent or owner _____			Phone Number _____		
Email address _____					

		Official Canadian Kennel Club Entry Form		Administrative use only	
Halifax Kennel Club Rally					
<input type="checkbox"/> Rally Trial 1(Sat)		Entry fees: _____ x \$30.00 = _____			
<input type="checkbox"/> Rally Trial 2 (Sun)		Entry Fees (Day of entry) _____ x \$34.00 = _____			
		Entry Fees (RAE) _____ x \$50.00 = _____			
		Listing Fees: _____ x \$11.50 = _____			
		Ex. Only: _____ x \$ 8.00 = _____			
		Catalog: _____ x \$ 8.00 = _____			
<input type="checkbox"/> Catalog		Total: _____			
Please Print or type CLEARLY					
Enter in one only of the following classes					
<input type="checkbox"/> Novice A		<input type="checkbox"/> Excellent A			
<input type="checkbox"/> Novice B		<input type="checkbox"/> Excellent B			
<input type="checkbox"/> Intermediate		<input type="checkbox"/> Exhibition Only			
<input type="checkbox"/> Advanced A		Rally Jump Height _____			
<input type="checkbox"/> Advanced B					
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"/> Listed		Date Of Birth _____ Day Month Year		Is this a puppy? YES ___ NO ___	
		Place Of Birth ___ Canada ___ Elsewhere			
BREEDER					
SIRE					
DAM					
REG. OWNER					
OWNER ADDRESS					
CITY		PROV		POST CODE	
AGENT NAME					
AGENT ADDRESS					
CITY		PROV		POST CODE	
Mail ID to: ___ OWNER or ___ AGENT					
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 Kennel Club 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, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.					
Signature of agent or owner _____			Phone Number _____		
Email address _____					