

Official Canadian Kennel Club Entry Form Rally Obedience **Sudbury & District Kennel Club Inc** October 22nd & 23rd 2016 **Limited Entry**

Entry Fee per trial: \$30.00 Early bird entry fee: \$25.00 Early Bird Date: September 23rd 2016 **Exhibition Only per trial** Make cheque payable to SDKC \$10.00 **Listing Fee per trial** \$ 9.49 Mail fees to: Carole Vanier Closing Date Oct 5th

216 Copper St. Unit 50 Sudbury ON P3E 6E8 705-586-9928

Total Entry Fee(s) \$ -----

Breed		Sex	Sex					
Obedience Trial(s) Entered Trial # 1 Trial # 2 Trial # 3 Trial # 4 Trial # 5 Trial # 5	Rally Obedience Class Novice A Novice B Intermediate Advanced A Advanced B Excellent A Excellent B	Jump Height Division Height Exhibition	Check one CKC REG # CKC ERN # CKC MISC CERT # LISTED PEN NO CC # Enter CKC # Here					
Call Name	Height at Withers	Date of Birth (MMDDYY)	Place of Birth ☐ Canada ☐ Other					
Reg Name:								
BREEDER(S):								
SIRE:								
DAM:								
REGISTERED OWNER(S)								
OWNER'S ADDRESS								
CITY PROV/STATE CODE/ZIP								
Name of Owner's Agent(if any) at the trial								
AGENT'S ADDRESS:								
CITY PROV/STATE CODE/ZIP								
Mail I.D. to □Owner □Agent								
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 n this entry. In consideration of 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 Age	Phone Num	ber	Email Address					



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Breed			Sex	Sex			
Obedience Trial(s) Entered Trial # 1 Trial # 2 Trial # 3 Trial # 4 Trial # 5 Trial # 6	Class Nov Nov Inter Adv:		Jump Height Division Height	only	Check one CKC REG # CKC ERN # CKC MISC CERT # LISTED PEN NO CC # Enter CKC # Here		
Call Name	Height	at Withers	Date of Birth (MMDDYY)		Place of Birth ☐ Canada ☐ Other		
Reg Name:	<u> </u>						
BREEDER(S):							
SIRE:							
DAM:							
REGISTERED OWNE	R(S)						
OWNER'S ADDRESS							
CITY	PROV/STATE		CODE/ZIP				
Name of Owner's Agen	t(if any) a	t the show					
AGENT'S ADDRESS:							
CITY	PROV/STATE		CODE/ZIP				
Mail I.D. to □Owner	□Agen	ıt					
above and accept full responsib	ility for all sta	atements made n this	entry. In consideration of	acceptance (s) whose name(s) I have entered of this entry I (we) agree to be tions appearing in the premium		
Signature of Owner or Agent Phone Number			er	Email Address			