

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM THE SKAHA KENNEL CLUB SEPTEMBER 9, 10 & 11, 2016	OFFICE USE	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____			
Friday Sept 9, 2016 ___ / Saturday Sept. 10, 2016 ___ / Sunday Sept. 11, 2016 ___			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open <input type="checkbox"/> Specials Only <input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Prepaid Catalogue <input type="checkbox"/> Baby puppy <input type="checkbox"/> Brace
REG. NAME OF DOG			
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month / Day / Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
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	
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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 _____		Telephone number _____	
E-MAIL: _____			

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Friday Sept 9, 2016 ___ / Saturday Sept. 10, 2016 ___ / Sunday Sept. 11, 2016 ___			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open		<input type="checkbox"/> Specials Only <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Baby puppy <input type="checkbox"/> Brace	<input type="checkbox"/> Prepaid Catalogue
REG. NAME OF DOG			
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month / Day / Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
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	
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____		EXPIRY _____ / _____	
CARDHOLDER NAME (PLEASE PRINT) _____			
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OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM THE SKAHA KENNEL CLUB Obedience Trials SEPTEMBER 9, 10 & 11, 2016	OFFICE USE	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____			
Saturday Sept. 10, 2016 _____ / Sunday Sept. 11, 2016 _____			
A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES			
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<input type="checkbox"/> PreNovice <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 <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only	<input type="checkbox"/> JUMPS Height _____ Width _____	<input type="checkbox"/> Veterans trial 1 Saturday _____ <input type="checkbox"/> Prepaid Catalogue _____
REG. NAME OF DOG			
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		DATE OF BIRTH _____ / _____ / _____ Month Day Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH CANADA ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
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
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____		EXPIRY _____ / _____	
CARDHOLDER NAME (PLEASE PRINT) _____			
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Saturday Sept. 10, 2016 _____ / Sunday Sept. 11, 2016 _____			
A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES			
BREED	VARIETY	<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"/> INTERMEDIATE (R.I.) <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"/> PREPAID CATALOGUE <input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.)	<input type="checkbox"/> JUMPS Height _____	<input type="checkbox"/> Prepaid Catalogue _____
REG. NAME OF DOG			
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		DATE OF BIRTH _____ / _____ / _____ Month Day Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH CANADA ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
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
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____		EXPIRY _____ / _____	
CARDHOLDER NAME (PLEASE PRINT) _____			
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