

OFFICIAL CANADIAN KENNEL CLUB FORM  
 LIMITED ENTRY **OBEDIENCE TRIALS**  
 MUSKOKA DISTRICT KENNEL CLUB



<b>Closing date Oct 20, 2021</b> <b>6 p.m. or when limit reached</b> <b>\$30. Per entry</b> <b>4 entries same dog \$105.00</b> <b>8 entries same dog \$210.00</b> <b>TCN Fee \$11.30</b>	<input type="checkbox"/> Trial 1 Sat. Oct. 30	Entry fee \$ _____
	<input type="checkbox"/> Trial 2 Sat. Oct. 30	TCN fee \$ _____
	<input type="checkbox"/> Trial 3 Sun. Oct. 31	Exhibition only \$ _____
	<input type="checkbox"/> Trial 4 Sun. Oct. 31	<b>TOTAL \$ _____</b>

**BREED** \_\_\_\_\_ **SEX** male \_\_\_ female \_\_\_

<b>CLASSES</b> <input type="checkbox"/> Pre Novice <input type="checkbox"/> Novice <input type="checkbox"/> Open 18A <input type="checkbox"/> Novice A        Intermediate <input type="checkbox"/> Open 18B <input type="checkbox"/> Novice B <input type="checkbox"/> Open HA <input type="checkbox"/> Utility A <input type="checkbox"/> Novice C <input type="checkbox"/> Open HB <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only	<b>JUMP HEIGHTS</b> (if applicable)  Height _____  Width _____
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**REGISTERED NAME OF DOG:** \_\_\_\_\_

<input type="checkbox"/> CKC Reg. #	<input type="checkbox"/> CKC CC #
<input type="checkbox"/> CKC ERN #	<input type="checkbox"/> CKC Misc. Cert. #
<input type="checkbox"/> CKC PEN #	<input type="checkbox"/> TCN #

**Date of Birth** M \_\_\_ D \_\_\_ Y \_\_\_      **Place of Birth**     Canada  Elsewhere

**Breeder(s)** \_\_\_\_\_

**Sire:** \_\_\_\_\_

**Dam:** \_\_\_\_\_

**Reg'd Owner(s)** \_\_\_\_\_

**Owner's Address**

<b>City</b>	<b>Prov.</b>	<b>P.C.</b>
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**Agent** \_\_\_\_\_

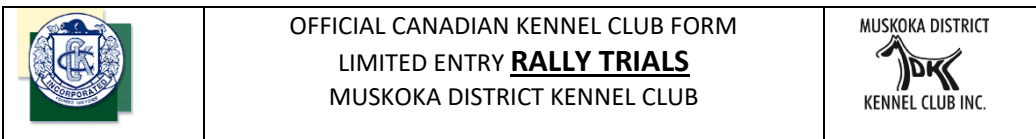
**Address**

<b>City</b>	<b>Prov.</b>	<b>P.C.</b>
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I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual 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 #** \_\_\_\_\_

**email** \_\_\_\_\_ **Contact**  owner  agent



OFFICIAL CANADIAN KENNEL CLUB FORM  
 LIMITED ENTRY **RALLY TRIALS**  
 MUSKOKA DISTRICT KENNEL CLUB



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**BREED** \_\_\_\_\_ **SEX** male \_\_\_ female \_\_\_

<b>CLASSES</b> <input type="checkbox"/> Novice A <input type="checkbox"/> Advanced A <input type="checkbox"/> Excellent A <input type="checkbox"/> Novice B <input type="checkbox"/> Advanced B <input type="checkbox"/> Excellent B <input type="checkbox"/> Intermediate <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Masters	<b>JUMP HEIGHTS</b> (if applicable)  Height _____  Width _____
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**REGISTERED NAME OF DOG:** \_\_\_\_\_

<input type="checkbox"/> CKC Reg. #	<input type="checkbox"/> CKC CC #
<input type="checkbox"/> CKC ERN #	<input type="checkbox"/> CKC Misc. Cert. #
<input type="checkbox"/> CKC PEN #	<input type="checkbox"/> TCN #

**Date of Birth** M \_\_\_ D \_\_\_ Y \_\_\_      **Place of Birth**     Canada  Elsewhere

**Breeder(s)** \_\_\_\_\_

**Sire:** \_\_\_\_\_

**Dam:** \_\_\_\_\_

**Reg'd Owner(s)** \_\_\_\_\_

**Owner's Address**

<b>City</b>	<b>Prov.</b>	<b>P.C.</b>
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**Agent** \_\_\_\_\_

**Address**

<b>City</b>	<b>Prov.</b>	<b>P.C.</b>
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