



**Official Kennel Club Entry Form**  
**Wascana Dog Obedience Club Inc.**  
**ALL BREED, MIXED BREED AND UNRECOGNIZED BREED**  
**OBEDIENCE ENTRY FORM**



**Make cheques payable to Wascana Dog Obedience Club Inc**

Limited Entry

Saturday, November 4, 2023 Trial #1   
 Saturday, November 4, 2023 Trial #2

Sunday, November 5, 2023 Trial #3   
 Sunday, November 5, 2023 Trial #4

**Entries Close: October 18, 2023 8:00 pm CST or when limit is reached**

**Entry Fees - \$30.00 per trial; \$112 for 4 trials; Day of Entry- \$45.00; Exhibition Only per trial- \$8.00 Listing Fees - \$ 10.50 per trial**

<b>Entry Fee \$</b>	<b>TCN Fee \$</b>	<b>Total \$</b>
	<b>Total \$</b>	

BREED _____	VARIETY: _____	SEX Male <input type="checkbox"/> Female <input type="checkbox"/>
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JUMPS : Height		Width	
<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Open HB	
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open 18 A	<input type="checkbox"/> Utility A	
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open HA	<input type="checkbox"/> Utility B	
<input type="checkbox"/> Novice C	<input type="checkbox"/> Open 18 B	<input type="checkbox"/> EXHIBITION ONLY	

**Registered Name:** \_\_\_\_\_

**Check one ONLY**

CKC Reg #       CKC CCN #      Enter Number \_\_\_\_\_  
 CKC ERN #       TCN Reg #      \_\_\_\_\_  
 CKC Misc Cert #

**Date of Birth**

\_\_\_\_\_ Day      \_\_\_\_\_ Month      \_\_\_\_\_ Year

CKC PEN #      Place of Birth \_\_\_\_\_      Canada \_\_\_\_\_ Elsewhere \_\_\_\_\_

Breeder/s \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg Owner/s \_\_\_\_\_ CKC Membership # \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Agent's Name (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

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 are entered above and I accept full

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 are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

IDs WILL NOT BE MAILED. Please supply email address below for entry confirmation  
 MAIL OR DROP OFF ENTRIES AT: 219 Blue Sage Drive, Moose Jaw, SK S6J 1N5

Credit card payments will go through DOGSHOW.ca  
 Visa \_\_\_ Mastercard \_\_\_ Am Express \_\_\_ Card # \_\_\_\_\_ Expiry Date \_\_\_/\_\_\_

Name of Card Holder: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF OWNER/AGENT

( ) \_\_\_\_\_  
 TELEPHONE NUMBER

E-MAIL \_\_\_\_\_  
 Please Print Clearly