



OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM THE SKAHA KENNEL CLUB August 30 September 1,2 & 3	OFFICE USE
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ 2 All Breed August 30, 2018 / Saturday Sept. 1, 2018 Sunday Sept. 2, 2018 / Monday Sept 3, 2018 Sweepstakes :Juvenile 6-9 /9-12 /12-18 Veteran 7-10 / 10+		
BREED: _____		VARIETY _____ <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE </div>
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred </div> <div> <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open <input type="checkbox"/> Specials Only <input type="checkbox"/> Exhibition Only </div> <div> <input type="checkbox"/> Prepaid Catalogue <input type="checkbox"/> Baby puppy <input type="checkbox"/> Brace </div> </div>		
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>		
_____ VISA _____ MASTERCARD _____ 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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NUMBER: _____	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S) _____		
SIRE _____		
DAM _____		
REG'D OWNER(S) _____		
OWNER'S ADDRESS _____		
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OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM THE SKAHA KENNEL CLUB Obedience Trials SEPTEMBER 1 & 2, 2018	OFFICE USE
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ Saturday Sept. 1, 2018 _____ / Sunday Sept. 2, 2018 _____ A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES		
BREED _____		VARIETY _____
<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 HA <input type="checkbox"/> Open HB		<input type="checkbox"/> Open 18A <input type="checkbox"/> Open 18B <input type="checkbox"/> Utility A <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only Veterans trial 1 Saturday _____ _____ <i>Prepaid Catalogue</i>
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? _____ YES _____ 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 _____
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I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ Saturday Sept. 1, 2018 _____ / Sunday Sept. 2, 2018 _____ A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES		
BREED _____		VARIETY _____
<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"/> MASTERS _____ EXHIBITION ONLY (RALLY) _____ EXHIBITION ONLY (3-6 MO.) _____ <i>Prepaid Catalogue</i>
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? _____ YES _____ 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 _____
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