



# CANADIAN KENNEL CLUB OFFICIAL ENTRY FORM (Agility)

Name of Club: \_\_\_\_\_

Address of Venue: \_\_\_\_\_

**EVENT INFORMATION**

FEES: Entry Fee \$ \_\_\_\_\_ TCN Fee \$ \_\_\_\_\_ Non-Member Fee \$ \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

CLASSES:	<input type="checkbox"/> Standard	<input type="checkbox"/> Jumpers With Weaves	<input type="checkbox"/> Veterans	<input type="checkbox"/> Points & Distance
	<input type="checkbox"/> Selected Standard	<input type="checkbox"/> Selected Jumpers With Weaves	<input type="checkbox"/> Veterans Jumpers With Weaves	<input type="checkbox"/> Steeplechase

<input type="checkbox"/> Trial 1	<input type="checkbox"/> Trial 2	<input type="checkbox"/> Trial 3	<input type="checkbox"/> Trial 4
Date: _____	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent

Dogs Height Jump Height:  4  8  12  16  20  24

**DOG INFORMATION**

Registered Name of Dog: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male  Female

CKC Registration #  CKC Miscellaneous #  
 CKC ERN #  Temporary Competition Number (TCN)  
 CKC PEN #  CKC CCN #

Insert Number Here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ dd mm yy Place of Birth:  Canada  Elsewhere

Breeder: \_\_\_\_\_

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

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

**OWNER(S) & AGENT INFORMATION**

Registered Owner(s): \_\_\_\_\_ Membership No: \_\_\_\_\_  
 \_\_\_\_\_ Membership No: \_\_\_\_\_  
 \_\_\_\_\_ Membership No: \_\_\_\_\_

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

Name of Agent (if any): \_\_\_\_\_

Agent's Address: \_\_\_\_\_ Street Address City Prov. Postal Code

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 Number

Email



# CANADIAN KENNEL CLUB OFFICIAL ENTRY FORM (Obedience Trial)

Name of Club: \_\_\_\_\_

Address of Venue: \_\_\_\_\_

**EVENT INFORMATION**

FEES: Entry Fee \$ \_\_\_\_\_ TCN Fee \$ \_\_\_\_\_ Non-Member Fee \$ \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

CLASSES:	<input type="checkbox"/> Standard	<input type="checkbox"/> Jumpers With Weaves	<input type="checkbox"/> Veterans	<input type="checkbox"/> Points & Distance
	<input type="checkbox"/> Selected Standard	<input type="checkbox"/> Selected Jumpers With Weaves	<input type="checkbox"/> Veterans Jumpers With Weaves	<input type="checkbox"/> Steeplechase

<input type="checkbox"/> Trial 1	<input type="checkbox"/> Trial 2	<input type="checkbox"/> Trial 3	<input type="checkbox"/> Trial 4
Date: _____	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Excellent <input type="checkbox"/> Master Excellent

Dogs Height Jump Height:  4  8  12  16  20  24

**DOG INFORMATION**

Registered Name of Dog: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male  Female

CKC Registration #  CKC Miscellaneous #  
 CKC ERN #  Temporary Competition Number (TCN)  
 CKC PEN #  CKC CCN #

Insert Number Here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ dd mm yy Place of Birth:  Canada  Elsewhere

Breeder: \_\_\_\_\_

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

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

**OWNER(S) & AGENT INFORMATION**

Registered Owner(s): \_\_\_\_\_ Membership No: \_\_\_\_\_  
 \_\_\_\_\_ Membership No: \_\_\_\_\_  
 \_\_\_\_\_ Membership No: \_\_\_\_\_

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

Name of Agent (if any): \_\_\_\_\_

Agent's Address: \_\_\_\_\_ Street Address City Prov. Postal Code

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 Number

Email