

5397 EGLINTON AVE W, SUITE 101, ETOBICOKE, ON, M9C 5K6 | TEL (416) 675-5511 | 1 (855) 364 - 7252 | www.ckc.ca

VERIFICATION OF OBEDIENCE MATCH JUDGING ASSIGNMENT

SECTION 1 (To be completed by applicant)																			
] [
Name												Mem	bersh	ip No.					
Mailing Address									1										
													ſ						
City	1 1								1		Prov	ince	L	Post	al Co	de			1
SECTION 2 (To be compl	leted by the	e event-ho	oldina c	lub)															
OLOTION 2 (TO be compr	leted by the	e event-ne	namy c	iub)															
Name of Club:																			
		, ,	1				1	1											
Name of Match Secretary:																			
- · · · · ·										_		_	_						
Date of Event:										Тур	e of E	vent	: Ц	All-B	reed		□ S _l	pecia	lty
ASSIGNMENT (Please in	dicate belo	w the ass	ignmen	it)															
	No. of Dog																		
	No. of Dog																		
OPEN A	No. of Dog	s:																	
OPEN B	No. of Dog	s:																	
	No. of Dog	s:																	
OTHER N	No. of Dog	s:																	
If "other select	ted, pleas	se specify	/ :																
	• •																		
ADDITIONAL COMMENTS	S																		
S	Signature of	Applicant					_						D	ate					
Signature of Event Secretary													D	ate					

CLUB CANIN CANADIEN MD

5397, AVE EGLINTON OUEST, BUREAU 101, ETOBICOKE, (ONTARIO), M9C 5K6 | TEL (416) 675-5511 | 1 (855) 364 - 7252 | www.ckc.ca

VERIFICATION OF OBEDIENCE RING STEWARDING ASSIGNMENT

SECTION 1 (To be completed by applicant)																												
																			1									
Nar	ne																		1	Men	nbers	ship No).					
																					Wichiberonip is			<u> </u>				
Mai	iling A	ddres	S	1					1					1				1		1	1							
																			<u></u>				L					
City																Pro	vince		Pos	tal Co	de							
SE	CTIC	N 2 (To b	e cor	nplet	ed b	y the	eve	nt-ho	olding	g clui	b)																
Name of Club:																												
Name of Match Secretary:																												
Date of Event:																												
Type of Event: All-Breed Specialty																												
ASSIGNMENT (Please indicate the number of dogs in each class																												
Fir	st Tr	ial																										
# of Dogs in: Novice: Open: Utility: Total: Duration													tion:															
Name of Judge: Signature of Judge:																												
INA	ille 0	Juuç	je.											igriai	uie o	JI Juu	ge.											
Se	cond	Trial																										
# of Dogs in: Novice: Open: Utility: _													Tot	al:				Durat	tion:									
		, f Judg																										
INA	ille 0	Juuç	je.											igriai	uie o	JI Juu	ge.											
Thi	ird Tı	rial																										
	Third Trial # of Dogs in: Novice: Open: Utility: Total:											al·	: Duration:															
		-																										
Na	me o	f Judg	je:										_ s	ignat	ure o	of Jud	ge:											
E	urth	Trial																										
								_	.				1.16	Ľ4				Total: Donation:										
		gs in:								-						Total: Duration:												
Na	me o	f Judg	ge:										_ s	ignat	ure o	of Jud	ge:											
ΑD	DITI	ONAL	CO	MME	NTS	•																						
ADDITIONAL COMMENTS																												
					Sig	ınatu	re of	Appli	icant						_	Date												
				S	ignat	ure c	of Eve	ent Se	ecret	ary					_						D	ate						