



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 ☐

<input type="checkbox"/> CKC Registration # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC PEN #	<input type="checkbox"/> CKC Miscellaneous # <input type="checkbox"/> Temporary Competition Number (TCN) <input type="checkbox"/> CKC CCN #	Insert Number Here: _____
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dd mm yy
Date of Birth: _____ 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.



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 ☐

<input type="checkbox"/> CKC Registration # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC PEN #	<input type="checkbox"/> CKC Miscellaneous # <input type="checkbox"/> Temporary Competition Number (TCN) <input type="checkbox"/> CKC CCN #	Insert Number Here: _____
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dd mm yy
Date of Birth: _____ 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

Signature of Owner or Agent

Telephone Number

Email