

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION	OFFICE USE	LLOYDMINSTER KENNEL & OBEDIENCE CLUB September 29th - October 1st, 2023
CONFORMATION			
_____ Friday #1		_____ Friday #2	
_____ Saturday #1		_____ Saturday #2	
_____ Sunday #1		_____ Sunday #2	
		_____ Entry Fee	
		_____ TCN Fee	
		_____ Total	
<i>PLEASE TYPE OR PRINT CLEARLY</i>			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:			
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 - 18 MONTH	<input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY (4-6 Months) <input type="checkbox"/> BENCHING	
REG'D NAME OF DOG			
CHECK ONE & ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> TCN REG. NO.	____ / ____ / ____ Day Month Year	<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 / ZIP CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW			
AGENT'S ADDRESS			
CITY		PROV / STATE	POSTAL / ZIP CODE
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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			
E-MAIL ADDRESS:		TELEPHONE NUMBER	

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE & RALLY OBEDIENCE	OFFICE USE	LLOYDMINSTER KENNEL & OBEDIENCE CLUB September 30th & October 1st, 2023
OBEDIENCE		RALLY OBEDIENCE	
_____ Saturday #1		_____ Saturday #1	
_____ Saturday #2		_____ Saturday #2	
_____ Sunday #1		_____ Sunday #1	
_____ Sunday #2		_____ Sunday #2	
		_____ Entry Fee	
		_____ TCN Fee	
		_____ Total	
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:			
OBEDIENCE		RALLY OBEDIENCE	
<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTER. <input type="checkbox"/> OPEN HA <input type="checkbox"/> OPEN 18A	<input type="checkbox"/> OPEN HB <input type="checkbox"/> OPEN 18B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT	<input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED A <input type="checkbox"/> ADVANCED B	
		<input type="checkbox"/> EXCELLENT A <input type="checkbox"/> EXCELLENT B <input type="checkbox"/> MASTER <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT	
REG'D NAME OF DOG			
CHECK ONE & ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> CKC ERN NO.	<input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO. <input type="checkbox"/> TCN REG. NO.	____ / ____ / ____ Day Month Year	<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 / ZIP CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW			
AGENT'S ADDRESS			
CITY		PROV / STATE	POSTAL / ZIP CODE
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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			
E-MAIL ADDRESS:		TELEPHONE NO:	

