

OBEDIENCE ENTRY FORM



OFFICIAL ENTRY FORM (Obedience)



OTTAWA VALLEY GOLDEN RETRIEVER CLUB

Obedience Trials

Make Cheques Payable to: DESS Mail Entries to: DESS 1562, Route 203, Howick, QC J0S 1G0 Fax: (450) 825-0894 diana@dess.ca www.dess.ca	Each Dog per Class \$30.00	Trial # 148 (Friday) <input type="checkbox"/>
	Day of Trial Not Offered	
	Exhibition Only \$5.00	Trial #150 (Saturday) <input type="checkbox"/>
	Listing Fee per Class \$11.30	Prepaid Catalogue <input type="checkbox"/>
	Catalogue \$2.00	
	Entry Fees \$ _____	
	Listing Fees \$ _____	
	Catalogue \$ _____	
	TOTAL Enclosed \$ _____	

PLEASE TYPE OR PRINT CLEARLY

CLASSES ENTERED

Pre-Novice <input type="checkbox"/>	Novice Intermediate <input type="checkbox"/>	Exhibition <input type="checkbox"/>	Jumps Height: _____ Width: _____
Novice A <input type="checkbox"/>	Utility A <input type="checkbox"/>	Unofficial Classes <input type="checkbox"/>	
Novice B <input type="checkbox"/>	Utility B <input type="checkbox"/>		
Novice C <input type="checkbox"/>			
Open H-A <input type="checkbox"/>	Open H-B <input type="checkbox"/>		
Open 18-A <input type="checkbox"/>	Open 18-B <input type="checkbox"/>		

DOG INFORMATION

BREED _____ Male Female

REGISTERED NAME _____

CKC Reg. # CKC Miscellaneous # Registration Number: _____
CKC ERN # Listed Place of Birth: _____
CKC PEN # CKC CCN # DOB: _____ Canada Elsewhere
dd mm yy

Breeder _____
Sire _____
Dam _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s) _____ Membership No. _____
_____ Membership No. _____
_____ Membership No. _____

Owner's Address: _____
Street Address City Province Postal Code

Name of Agent/Handler: _____

Agent's Address: _____
Street Address City Province 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.

Send my confirmation and show schedule by: EMAIL MAIL (please check one, default will be email)

Credit Card # _____ Expiry Date: _____ Security # _____

Signature of Owner or Agent

Telephone Number

Email Address