



**Official Kennel Club Entry Form**  
**Wascana Dog Obedience Club Inc.**  
 ALL BREED, MIXED BREED AND UNRECOGNIZED BREED  
**OBEDIENCE ENTRY FORM**  
 Make cheques payable to Wascana Dog Obedience Club Inc



Sat, Dec 12, 2020 Trial # 1

Sun, Dec 13, 2020 Trial #2

**Entries Close: Nov 24/20 8:00 pm CST or when limit is reached**

**Entry Fees - \$ 28.00 per trial**

Exhibition Only - \$ 8.00 per trial TCN Fees - \$ 10.50 per trial

Entry Fee \$	TCN Fee \$	Total \$
<b>Total \$</b>		

BREED:	VARIETY:	SEX Male <input type="checkbox"/>
		Female <input type="checkbox"/>

JUMPS :Height \_\_\_\_\_ Width \_\_\_\_\_

<input type="checkbox"/>	Pre-Novice	<input type="checkbox"/>	Novice Intermediate	<input type="checkbox"/>	Open HB
<input type="checkbox"/>	Novice A	<input type="checkbox"/>	Open 18 A	<input type="checkbox"/>	Utility A
<input type="checkbox"/>	Novice B	<input type="checkbox"/>	Open HA	<input type="checkbox"/>	Utility B
<input type="checkbox"/>	Novice C	<input type="checkbox"/>	Open 18 B	<input type="checkbox"/>	EXHIBITION ONLY

Registered Name: \_\_\_\_\_

**Check one ONLY**

CKC Reg #  CKC CCN # Enter Number \_\_\_\_\_

CKC ERN #  TCN Reg # \_\_\_\_\_

CKC Misc Cert # \_\_\_\_\_

CKC PEN # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

day month year

Canada  Elsewhere

I certify that I am the registered owner/s of this dog or that I am the authorized agent of the owner/s whose name/s are entered above and I accept full

Breeder/s \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg Owner/s \_\_\_\_\_ CKC Membership # \_\_\_\_\_

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Agent's Name (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**IDs will NOT be mailed. Please supply email address below for entry confirmation**

**MAIL OR DROP OFF ENTRIES AT: 2270 Princess Street, Regina, SK S4T 3Z8**

For ONLINE Entries VISA/MASTER CARD/AMERICAN EXPRESS INFORMATION

VISA  MASTER CARD  AMERICAN EXPRESS

CARD # \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Month Year

Name of Card Holder \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that I am the registered owner/s of this dog or that I am the authorized agent of the owner/s whose name/s are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

Email:

PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOUR CONFORMATION OF ENTRY