



OFFICIAL CANADIAN KENNEL CLUB FORM
THE OTTAWA KENNEL CLUB
 Mail to: Diana Edwards Show Services
 1562 Route 203, Howick, Qc J0S 1G0



- Dec 3 - Trial 1
- Dec 3 - Trial 2
- Dec 4 - Trial 3
- Dec 4 - Trial 4

Total: \$Entry Fees: \$ _____ Listing Fees: \$ _____ Catalogue: \$8.00
 Breed _____ Variety _____ Sex _____

Enter in the following classes:

- Pre-Novice Open A Brace
- Novice A Open B
- Novice B Utility A
- Novice C Utility B
- Nov. Inter Jump: _____

Reg.Name of Dog _____

Check One and Enter Number Here

- CKC Reg.No.
- CKC ERN No.
- CKC Misc.Cert.No.
- Listed (no C.K.C.No.)
- CKC CCN No.
- CKC PEN No.

Date of Birth Is this a Puppy?
 D ___ M ___ Y ___ YES NO

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City _____ Prov. _____ Postal Code _____

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail / email I.D. to: _____

Owner _____
 Agent SIGNATURE OF OWNER OR AGENT TELEPHONE NUMBER

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.

Email: _____

FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____