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| OFFICE USE |  | OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OTTAWA VALLEY POODLE CLUB Obedience Trials | |
| Make cheques payable to: OVPC Mail entries to: Donna LaHaise, P.O. Box 28, Richmond, ON K0A 2Z0 | | Regular Entry each dog per run \$30.00 Day of Trial (no package rate) CASH..... \$35.00 Exhibition Only \$12.00 Listing fee per class..... \$11.30 Catalogue..... \$ 2.00 ENTRY FEES \$ _____ LISTING FEES \$ _____ ENCLOSED \$ _____ | <input type="checkbox"/> Obedience Trial #41 (Sat) <input type="checkbox"/> Obedience Trial #42 (Sat) <input type="checkbox"/> Obedience Trial #43(Sun) <input type="checkbox"/> Obedience Trial #44(Sun) <input type="checkbox"/> PREPAID CATALOGUE |
| PLEASE TYPE OR PRINT CLEARLY | | | |
| BREED | | VARIETY | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| ENTER IN THE FOLLOWING CLASSES: | | | |
| OBEEDIENCE <input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> OPEN H-A <input type="checkbox"/> OPEN 18-A <input type="checkbox"/> NOVICE A <input type="checkbox"/> OPEN H-B <input type="checkbox"/> NOVICE B <input type="checkbox"/> UTILITY A <input type="checkbox"/> NOVICE C <input type="checkbox"/> UTILITY B <input type="checkbox"/> NOVICE-INT. <input type="checkbox"/> EXHIBITION | | OBEEDIENCE JUMP HEIGHT Height _____ Width _____ | |
| REG. NAME OF DOG | | | |
| CHECK ONE, ENTER NUMBER HERE <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED | | DATE OF BIRTH ____ / ____ / ____ Day Month Year | PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE |
| BREEDER(S) | | | |
| SIRE | | | |
| DAM | | | |
| REG'D OWNER(S) 1) | | CKC Membership # | |
| 2) | | CKC Membership # | |
| OWNER'S ADDRESS | | | |
| CITY | | PROV./STATE | POSTAL CODE |
| NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW | | | |
| AGENT'S ADDRESS | | | |
| CITY | | PROV./STATE | POSTAL CODE |
| MAIL ID TO: | | <input type="checkbox"/> OWNER | <input type="checkbox"/> AGENT |
| SEND MY CONFIRMATION & SHOW SCHEDULE BY <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL (please check one, default will be email) | | | |
| 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 | | TELEPHONE NUMBER | |
| E-MAIL ADDRESS: | | | |

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