



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

Limited Entry

Friday, March 24, 2023 Trial #1	<input type="checkbox"/>	Sunday, March 26, 2023 Trial #4	<input type="checkbox"/>
Saturday, March 25, 2023 Trial #2	<input type="checkbox"/>	Sunday, March 26, 2023 Trial #5	<input type="checkbox"/>
Saturday, March 25, 2023 Trial #3	<input type="checkbox"/>		

Entries Close: March 10, 2023 8:00 pm CST or when limit is reached

Entry Fees - \$30.00 per trial; \$112 for 4 trials; \$125 for 5 trials (same dog); Day of Entry- \$45.00; Exhibition Only per trial- \$ 8.00 Listing Fees - \$ 10.50 per trial

Entry Fee \$	TCN Fee \$	Total \$
	Total \$	

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

<input type="checkbox"/> CKC Reg #	<input type="checkbox"/> CKC CCN #	Enter Number	Date of Birth
<input type="checkbox"/> CKC ERN #	<input type="checkbox"/> TCN Reg #	_____	Day _____ Month _____ Year _____
<input type="checkbox"/> CKC Misc Cert #			

CKC PEN # _____ Place of Birth _____ Canada _____ Elsewhere _____

Breeder/s _____

Sire _____

Dam _____

Reg Owner/s _____ CKC Membership # _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name (if any) _____

Agent's Address _____

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.

IDs WILL NOT BE MAILED. Please supply email address below for entry confirmation
 MAIL OR DROP OFF ENTRIES AT: 219 Blue Sage Drive, Moose Jaw, SK S6J 1N5

Credit card payments will go through DOGSHOW.ca
 Visa _____ Mastercard _____ Am Express _____ Card # _____ Expiry Date ____/____/____

Name of Card Holder: _____

 SIGNATURE OF OWNER/AGENT

(____) _____
 TELEPHONE NUMBER

E-MAIL _____
 Please Print Clearly