

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION	OFFICE USE
SASKATOON KENNEL & OBEDIENCE CLUB September 1st – September 3rd, 2023		

CONFORMATION		
#1 <input type="checkbox"/> Friday 1 #2 <input type="checkbox"/> Friday 2 #3 <input type="checkbox"/> Saturday 1 #4 <input type="checkbox"/> Saturday 2 #5 <input type="checkbox"/> Sunday 1 #6 <input type="checkbox"/> Sunday 2	_____ Entry Fee _____ Listing Fee	_____ Prepaid Catalogue @ \$15.00 _____ Benching - Outdoors @ \$50.00 (no vehicle) _____ Benching - Outdoors @ \$100.00 (with vehicle)

PLEASE TYPE OR PRINT CLEARLY

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> CANADIAN BRED	<input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY(4-6 Months) <input type="checkbox"/> VETERAN(1, 3, 5) <input type="checkbox"/> ALTERED(2, 4, 6)

REG'D NAME OF DOG		
CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO.	DATE OF BIRTH _____ / _____ / _____ <small>Day Month Year</small>	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER	PLACE OF BIRTH CANADA <input type="checkbox"/> ELSEWHERE <input type="checkbox"/>	

BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		
OWNER'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE

IDs will not be mailed – please supply email address below for entry confirmation

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	CARD NO. _____	EXPIRY _____ / _____
CARDHOLDER NAME (PLEASE PRINT) _____		
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 _____		
E-MAIL ADDRESS:		TELEPHONE NUMBER _____

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE & RALLY OBEDIENCE	OFFICE USE
SASKATOON KENNEL & OBEDIENCE CLUB September 1st – September 3rd, 2023		

RALLY OBEDIENCE #1 <input type="checkbox"/> Friday #2 <input type="checkbox"/> Saturday #3 <input type="checkbox"/> Sunday	_____ Entry Fee _____ Listing Fee _____ Prepaid Catalogue @ \$15.00	OBEDIENCE #1 <input type="checkbox"/> Friday #2 <input type="checkbox"/> Saturday #3 <input type="checkbox"/> Sunday
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BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED A <input type="checkbox"/> ADVANCED B <input type="checkbox"/> EXCELLENT A <input type="checkbox"/> EXCELLENT B <input type="checkbox"/> MASTER	<input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT	<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTER. <input type="checkbox"/> OPEN 18A <input type="checkbox"/> OPEN 18B <input type="checkbox"/> OPEN HA <input type="checkbox"/> OPEN HB
		<input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B <input type="checkbox"/> VETERANS(Friday) <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUMP HEIGHT

REG'D NAME OF DOG		
CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO.	DATE OF BIRTH _____ / _____ / _____ <small>Day Month Year</small>	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER	PLACE OF BIRTH CANADA <input type="checkbox"/> ELSEWHERE <input type="checkbox"/>	

BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		
OWNER'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE

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SIGNATURE OF OWNER OR AGENT _____		
E-MAIL ADDRESS:		TELEPHONE NO: _____