

OFFICE USE


 OFFICIAL CANADIAN KENNEL CLUB
OBEDIENCE ENTRY FORM
ROTTWEILER CLUB OF CANADA

OBEDIENCE: FRIDAY, JULY 10, 2009



OFFICE USE

I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____

PLEASE TYPE OR PRINT CLEARLY

| | | | |
|--------------------------------------|--|--|--|
| BREED | | VARIETY | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| ENTER IN THE FOLLOWING CLASSES: | | TRANSITION CLASSES: | UNOFFICIAL CLASSES: |
| <input type="checkbox"/> NOVICE A | <input type="checkbox"/> NOVICE B | <input type="checkbox"/> PRE-NOVICE | <input type="checkbox"/> BRACE |
| <input type="checkbox"/> OPEN A | <input type="checkbox"/> OPEN B | <input type="checkbox"/> NOVICE INTERMEDIATE | <input type="checkbox"/> TEAM |
| <input type="checkbox"/> UTILITY | <input type="checkbox"/> EXHIBITION ONLY | <input type="checkbox"/> NOVICE C | <input type="checkbox"/> VERSATILITY |
| <input type="checkbox"/> JUMP HEIGHT | <input type="checkbox"/> PREPAID CATALOGUE | | <input type="checkbox"/> VETERANS |

| |
|------------------|
| REG. NAME OF DOG |
|------------------|

| | | |
|--|---|--|
| CHECK ONE: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED | DATE OF BIRTH ____ / ____ / ____ Day Month Year | ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|--|

| | |
|---------|--|
| NUMBER: | PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE |
|---------|--|

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|------------|
| BREEDER(S) |
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| |
|------|
| SIRE |
|------|

| |
|-----|
| DAM |
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| |
|----------------|
| REG'D OWNER(S) |
|----------------|

| |
|-----------------|
| 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 |
|---|

| |
|--|
| FAX ENTRIES ONLY <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD |
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| | |
|----------------|--------------------|
| 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 OF AGENT _____ |
|-----------------------------------|

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|---------------------|
| EMAIL ADDRESS _____ |
|---------------------|

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|------------------------|
| TELEPHONE NUMBER _____ |
|------------------------|