



OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION	OFFICE USE												
HUB CITY KENNEL & OBEDIENCE CLUB May 2nd to May 5th, 2024														
<table style="width:100%; border:none;"> <tr> <td style="width:30%;">CONFORMATION</td> <td style="width:30%;">Entry Fee _____</td> <td style="width:30%;">Prepaid Catalogue @ \$15.00 _____</td> </tr> <tr> <td>_____ Friday</td> <td>_____ TCN Fee _____</td> <td></td> </tr> <tr> <td>_____ Saturday</td> <td></td> <td></td> </tr> <tr> <td>_____ Sunday</td> <td></td> <td></td> </tr> </table> <p style="text-align:center;"><i>PLEASE TYPE OR PRINT CLEARLY</i></p>			CONFORMATION	Entry Fee _____	Prepaid Catalogue @ \$15.00 _____	_____ Friday	_____ TCN Fee _____		_____ Saturday			_____ Sunday		
CONFORMATION	Entry Fee _____	Prepaid Catalogue @ \$15.00 _____												
_____ Friday	_____ TCN Fee _____													
_____ Saturday														
_____ Sunday														
BREED		VARIETY	_____ MALE _____ FEMALE											
ENTER IN THE FOLLOWING CLASSES:														
_____ JUNIOR PUPPY	_____ CANADIAN BRED	_____ BABY PUPPY												
_____ SENIOR PUPPY	_____ BRED BY EXHIBITOR	_____ VETERAN												
_____ 12 - 18 MONTH	_____ OPEN	_____ ALTERED (Friday, Saturday)												
	_____ SPECIALS ONLY	_____ BRACE (Friday, Saturday)												
		_____ SWEEPSTAKES (Thursday)												
		_____ EXHIBITION ONLY												
REG'D NAME OF DOG _____														
CHECK ONE & ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?											
_____ CKC REG. NO.	_____ CKC ERN NO.	____/____/____	_____ YES _____ NO											
_____ CKC MISC. NO.	_____ TCN REG. NO.	Day / Month / Year												
NUMBER	PLACE OF BIRTH CANADA _____ ELSEWHERE _____													
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												
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>														
_____ VISA _____ MASTERCARD _____ 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															
HUB CITY KENNEL & OBEDIENCE CLUB May 3rd to May 5th, 2024																	
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OBEDIENCE	Entry Fee _____	RALLY OBEDIENCE															
_____ Friday #1	_____ TCN Fee _____	_____ Friday #1															
_____ Saturday #2		_____ Friday #2															
_____ Sunday #3	Prepaid Catalogue @ \$15.00 _____	_____ Saturday #3															
_____ Sunday #4																	
BREED		VARIETY	_____ MALE _____ FEMALE														
ENTER IN THE FOLLOWING CLASSES:																	
_____ PRE-NOVICE		_____ OPEN HB	_____ EXCELLENT A														
_____ NOVICE A	_____ OPEN 18B	_____ NOVICE A	_____ EXCELLENT B														
_____ NOVICE B	_____ UTILITY A	_____ NOVICE B	_____ MASTER														
_____ NOVICE C	_____ UTILITY B	_____ INTERMEDIATE															
_____ NOVICE INTER.		_____ ADVANCED A															
_____ OPEN HA	_____ JUMP HEIGHT	_____ ADVANCED B	_____ JUMP HEIGHT														
_____ OPEN 18A																	
REG'D NAME OF DOG _____																	
CHECK ONE & ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?														
_____ CKC REG. NO.	_____ CKC PEN NO.	____/____/____	_____ YES _____ NO														
_____ CKC MISC. NO.	_____ CKC CCN NO.	Day / Month / Year															
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NUMBER	PLACE OF BIRTH CANADA _____ ELSEWHERE _____																
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