



## OFFICIAL FPO&TC – CANADIAN KENNEL CLUB ENTRY FORM FOR OBEDIENCE

For mail / fax entries only. Please refer to Premium List for fees. To enter online visit [www.dogshow.ca](http://www.dogshow.ca) S

Sep 27/25 Trial 1 \_\_\_\_\_ Sep 27/25 Trial 2 \_\_\_\_\_ Sep 28/25 Trial 3 \_\_\_\_\_ Sep 28/25 Trial 4 \_\_\_\_\_

<input type="checkbox"/> Exhibition	<input type="checkbox"/> Novice A	<input type="checkbox"/> Open A	<input type="checkbox"/> Utility A
<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Novice B	<input type="checkbox"/> Open B	<input type="checkbox"/> Utility B
<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Novice C		<input type="checkbox"/> Exhibition Only

Jump Height: \_\_\_\_\_

Dog's Registered Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Enter Registration # here \_\_\_\_\_

<input type="checkbox"/> CKC Registration #
<input type="checkbox"/> PEN #

<input type="checkbox"/> CKC ERN #
<input type="checkbox"/> CCN #

<input type="checkbox"/> TCN #
<input type="checkbox"/> CKC MISC #

Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Place of Birth: Canada \_\_\_\_\_ Elsewhere \_\_\_\_\_

Breeder(s): \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_ Membership # \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_ Membership # \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_ Membership # \_\_\_\_\_

Owner Address: \_\_\_\_\_

Name of Agent / Handler: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Send ID to (select one) Owner: \_\_\_\_\_ Agent: \_\_\_\_\_

Exhibitor's Email Address: \_\_\_\_\_

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 # (please print clearly)

Mail to: Sandy Franceschini, 2695 Falconcrest Dr., Courtenay, BC, V9N 9K1 **Please make cheques payable to FPO&TC**

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiry (MM / YY) \_\_\_\_\_

**A service charge of 10% will be assessed on online entries and those paid for with credit card or Interac.**

**\*\*\*\* The service charge will not be included in any refunds. \*\*\*\***