



*Wild Rose English Springer  
Spaniel Association of Alberta*

July 30, 2004

**OBEDIENCE ENTRY FORM**



I ENCLOSE \$ \_\_\_\_\_ ENTRY FEES \$ \_\_\_\_\_ LISTING FEES \$ \_\_\_\_\_  
Please type or print clearly

Breed: **English Springer Spaniel** Sex: \_\_\_\_\_

Enter in the following class or classes:

<input type="checkbox"/> Novice A		<input type="checkbox"/> Graduate Novice
<input type="checkbox"/> Novice B	JUMP:	<input type="checkbox"/> Graduate Open
<input type="checkbox"/> Open A	Height _____	Jump Height: _____
<input type="checkbox"/> Open B		<input type="checkbox"/> Veteran
<input type="checkbox"/> Utility		<input type="checkbox"/> Brace
<input type="checkbox"/> Pre Novice		<input type="checkbox"/> Team
<input type="checkbox"/> Novice Intermediate		
<input type="checkbox"/> Exhibition Only		<input type="checkbox"/> Pre-paid Catalogue

Reg. Name of Dog \_\_\_\_\_

Check one-and-Enter Number Here	Date of Birth	Is this a puppy?
<input type="checkbox"/> CKC Reg. No.	D ___ M ___ Y ___	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CKC Ern No.		
<input type="checkbox"/> CKC Misc. Cert. No.	Place of Birth	
<input type="checkbox"/> Listed	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

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

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Owner's Agent (if any) at the show \_\_\_\_\_

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

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Mail I.D. to:  Owner or  Agent

**FAX ENTRIES ONLY** Visa  Mastercard

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 \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ CKC 545 \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_



*English Springer Spaniel  
Club of Canada*

July 30, 2004

**OBEDIENCE ENTRY FORM**



I ENCLOSE \$ \_\_\_\_\_ ENTRY FEES \$ \_\_\_\_\_ LISTING FEES \$ \_\_\_\_\_  
Please type or print clearly

Breed: **English Springer Spaniel** Sex: \_\_\_\_\_

Enter in the following class or classes:

<input type="checkbox"/> Novice A		<input type="checkbox"/> Graduate Novice
<input type="checkbox"/> Novice B	JUMP:	<input type="checkbox"/> Graduate Open
<input type="checkbox"/> Open A	Height _____	Jump Height: _____
<input type="checkbox"/> Open B		<input type="checkbox"/> Veteran
<input type="checkbox"/> Utility		<input type="checkbox"/> Brace
<input type="checkbox"/> Pre Novice		<input type="checkbox"/> Team
<input type="checkbox"/> Novice Intermediate		
<input type="checkbox"/> Exhibition Only		<input type="checkbox"/> Pre-paid Catalogue

Reg. Name of Dog \_\_\_\_\_

Check one-and-Enter Number Here	Date of Birth	Is this a puppy?
<input type="checkbox"/> CKC Reg. No.	D ___ M ___ Y ___	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CKC Ern No.		
<input type="checkbox"/> CKC Misc. Cert. No.	Place of Birth	
<input type="checkbox"/> Listed	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

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

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Owner's Agent (if any) at the show \_\_\_\_\_

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

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

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SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ CKC 545 \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_



*Wild Rose English Springer  
Spaniel Association of Alberta*

July 31, 2004

CONFORMATION ENTRY FORM



I ENCLOSE \$ \_\_\_\_\_ ENTRY FEES \$ \_\_\_\_\_ LISTING FEES \$ \_\_\_\_\_  
Please type or print clearly

Breed: **English Springer Spaniel** Sex: \_\_\_\_\_

Enter in the following class or classes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Stud Dog & Get          | <b>SWEEPSTAKES:</b>                         |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Brood Bitch & Progeny   | <input type="checkbox"/> 6-9 Months         |
| <input type="checkbox"/> 12-18 Months      | <input type="checkbox"/> Brace                   | <input type="checkbox"/> 9-12 Months        |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Team                    | <input type="checkbox"/> 12-18 Months       |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Gun Dog                 | <input type="checkbox"/> 7-9 Years          |
| <input type="checkbox"/> Open              | <input type="checkbox"/> Sexually Altered        | <input type="checkbox"/> 10+ Years          |
| <input type="checkbox"/> Veterans Class    | <input type="checkbox"/> Parade of Veterans      | <input type="checkbox"/> Pre-Paid Catalogue |
| <input type="checkbox"/> Specials Only     | <input type="checkbox"/> Parade of Title Holders |   |
| <input type="checkbox"/> Exhibition Only   |  |   |

Reg. Name of Dog \_\_\_\_\_

Check one-and-Enter Number Here	Date of Birth	Is this a puppy?
<input type="checkbox"/> CKC Reg. No.	D ___ M ___ Y ___	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CKC Ern No.		
<input type="checkbox"/> CKC Misc. Cert. No.	Place of Birth	
<input type="checkbox"/> Listed	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

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

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Owner's Agent (if any) at the show \_\_\_\_\_

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

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\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT TELEPHONE NO. CKC 545

E-MAIL ADDRESS: \_\_\_\_\_



*English Springer Spaniel  
Club of Canada*

August 1, 2004

CONFORMATION ENTRY FORM



I ENCLOSE \$ \_\_\_\_\_ ENTRY FEES \$ \_\_\_\_\_ LISTING FEES \$ \_\_\_\_\_  
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|--|--|---|
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| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Brood Bitch & Progeny   | <input type="checkbox"/> 6-9 Months         |
| <input type="checkbox"/> 12-18 Months      | <input type="checkbox"/> Brace                   | <input type="checkbox"/> 9-12 Months        |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Team                    | <input type="checkbox"/> 12-18 Months       |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Gun Dog                 | <input type="checkbox"/> 7-9 Years          |
| <input type="checkbox"/> Open              | <input type="checkbox"/> Sexually Altered        | <input type="checkbox"/> 10+ Years          |
| <input type="checkbox"/> Veterans Class    | <input type="checkbox"/> Parade of Veterans      | <input type="checkbox"/> Pre-Paid Catalogue |
| <input type="checkbox"/> Specials Only     | <input type="checkbox"/> Parade of Title Holders |   |
| <input type="checkbox"/> Exhibition Only   |  |   |

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\_\_\_\_\_  
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E-MAIL ADDRESS: \_\_\_\_\_