

OFFICIAL ENTRY FORM for SHETLAND SHEEPDOG ONLY TRIAL

Make cheques payable to:
CSSA National 2010

Mail entries to Pat Button, 421 - 112th Street, Saskatoon SK S7N 1V7

Fax entries to: 1-888-619-7584

On line entries: www.thedogshow.ca

I ENCLOSE \$ _____ FOR ENTRY FEES \$ _____ FOR LISTING FEES \$ _____

Please type or print clearly

Breed	SHETLAND SHEEPDOG		Variety	Sex
Class Regular Trial 2	Jumpers	Class Select or Veteran Trial 2		Height at Withers:
Standard	w/weaves	Standard	Jumpers w/weaves	
____ Novice A	____ Novice A	____ Novice	____ Novice	Dog's Jump Height:
____ Novice B	____ Novice B	____ Intermediate	____ Intermediate	
____ Excellent A	____ Excellent A	____ Excellent A	____ Excellent A	
____ Excellent B	____ Excellent B	____ Excellent B	____ Excellent B	

Reg'd. Name _____ **Dog's Call Name:** _____
of Dog: _____

Check one - and - Enter Number here | Date of Birth | Is this a puppy?
 ____ CKC Reg. No. | D ____ M ____ Y ____ | Yes No
 ____ CKC ERN No.
 ____ CKC Misc. Cert. No. | Place of Birth
 ____ Listed ____ CKC PEN No. ____ Canada ____ 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 trial _____

Agent's Address _____

City _____ | Prov. _____ | Postal Code _____

E-mail info. to: ____ Owner ____ Agent

AUTHORIZATION & GENERAL AGREEMENT

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 abide by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list. I (we) agree that the Club holding this event has the right to refuse this entry for cause which the organizing committee shall deem to be sufficient. In consideration of the acceptance of this entry, the holding of this event and the opportunity to have the dog judged, I (we) agree to hold the organizing committee, the organization which it represents, including its members, officers and directors, owners of the premises upon which the event is held and their employees, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the event premises, or grounds, or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim. I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death, or otherwise, and from any claim for damage or injury, to be caused or alleged to be caused by negligence of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I (we) hereby assume the sole responsibility for and agree to indemnify the aforementioned parties harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from sustained by any person or persons, including myself (ourselves) or on account of damage to property, arising out of or in consequence of my (our) participation in this event, howsoever such injuries, death or damage to property may be caused or may have alleged to have been caused by negligence of the aforementioned parties or any of their employees or agents, or any other person.

Signature of Owner, Agent, Handler: _____

Owner email address: _____ **Phone number:** _____

Date: _____

Signature of parent/guardian is required for children under 18 years

Name of Owner's Agent (Handler) at the Trial: _____

Agent/Handler email address: _____ **Phone number:** _____

For all Fax, Postal, E-mail and On line payments paid by credit card:
Payments will go through: www.thedogshow.ca

Visa Master Card # _____ Expiry Date _____

Name of Card Holder: _____