Copy 1 - CKC
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CANADIAN KENNEL CLUB® CLUB CANIN CANADIEN MD
5397 EGLINTON AVE, SUITE 101, ETOBICOKE, ONTARIO M9C 5K6 TEL (416) 675-5511 1 (855) 364-7252 www.ckc.ca

EVENT DATE APPLICATION
Conformation, Obedience & Rally Obedience

Instructions

- All required sections of the application must be complete.
- The application must be signed.
- A letter of consent is required from the all-breed club for specialty events held in conjunction with an all-breed club.
- Incomplete applications will be returned.
- Application to be received a minimum of 180 days prior to the event.

Name of Club _____ **Club Number** _____

EVENTS

Type of Event	# of Events/Day	Dates
All Breed Conformation Show		
Specialty Conformation Show		
Group Specialty Conformation Show		
Field Trial Conformation Show		
Multiple Shows on Same Date		
Limited Breed Show - Conformation		
Junior Handling - Conformation		
Junior Handling - Obedience		
All Breed Obedience Trial		
Specialty Obedience Trial		
All Breed Rally Obedience Trial		
Specialty Rally Obedience Trial		
Canadian National Owner Handled Series		
Sweepstakes		
Attractions and Demonstrations		
Other		
Unofficial/Non-Regular Classes		(PLEASE LIST THE CLASSES HERE)

BREEDS & VENUE

Breeds (Conformation): _____
List individual breeds only when the event does not include all breeds

Breeds (Obedience): _____
List individual breeds only when the event does not include all breeds

National Specialty: ◯ Yes ◯ No

Obedience ◯ Limited Trial(s) ◯ Unlimited Trial(s)

Rally ◯ Limited Trial(s) ◯ Unlimited Trial(s)

Canine Companion Dogs (CCN): ◯ Yes ◯ No
(Obedience & Rally Obedience)

Breeds Excluded (if applicable): _____

Name of Venue: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Specialty Event held in conjunction with: _____ (Attach letter of consent)
(Name of All-Breed Club)

Conformation: ◯ Indoor ◯ Outdoor Obedience: ◯ Indoor ◯ Outdoor Club to be invoiced: ◯ All-Breed ◯ Specialty

OFFICIALS

Event Secretary: _____ CKC Membership No: _____

Address: _____ E-mail: _____

Event Superintendent: _____ CKC Membership No: _____

President: _____ CKC Membership No: _____

Vice President: _____ CKC Membership No: _____

Secretary: _____ CKC Membership No: _____

Treasurer: _____ CKC Membership No: _____

Date	Name and Title of Club Officer or Event Secretary	Signature of Club Officer or Event Secretary

Date Received	Reference Number	Date Approved	Approved by CKC