



OFFICIAL CANADIAN KENNEL CLUB FORM
CONFORMATION
SPECIALTY SHOW

Specialty Club: _____

Location: _____

DATE: _____

ENTRY FEES	\$	_____
LISTING FEES	\$	_____
CATALOGUE	\$	_____
TOTAL enclosed	\$	_____

BREED	VARIETY	SEX:
ENTER THE FOLLOWING CLASSES: <input type="checkbox"/> Veteran Class UNOFFICIAL/NON-REGULAR		
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Specials Only <input type="checkbox"/> _____
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Exhibition Only <input type="checkbox"/> _____
<input type="checkbox"/> 12 - 18 Month	<input type="checkbox"/> Open	<input type="checkbox"/> Sweepstakes <input type="checkbox"/> _____

REG. NAME OF DOG

Check One - and - Enter Number Here <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> Listed	Date of Birth		Is This a Puppy?	
	D _____	M _____	Y _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Place of Birth			
	<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. T0: OWNER OR AGENT (ONLY 1 I.D. MAILED)

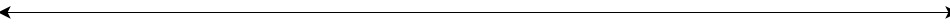
FAX ENTRIES ONLY: VISA MASTERCARD

CARD # _____ EXPIRY DATE _____ / _____

CARD HOLDER NAME (Please print) _____

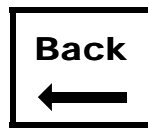
I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I(we) agree to be bound by the rules 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. _____

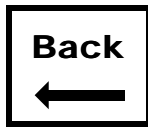


INSTRUCTIONS

1. Use the **Print Icon** or File - - Print menu to print this Form.
2. Take note of Closing Date.
3. Trim this Form to the Arrow Lines (5½ x 8½ inches maximum.)
4. Make cheque payable to the **HOST CLUB, (NOT SPECIALTY CLUB)**
5. Send full payment to the Show Superintendent.



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