



OFFICIAL CANADIAN KENNEL CLUB FORM

**CONFORMATION**

**GOLDEN RETRIEVER CLUB OF  
GREATER TORONTO SPECIALTY SHOW**

**Saturday September 16, 2017**

CLOSING DATE: 8 pm,  
Wednesday August 30, 2017  
Make fees payable to  
**Golden Retriever Club of  
Greater Toronto**  
and mail to:  
MJN Show Services  
9 Samya Court  
Scarborough, ON M1R 2A4

Official Classes	\$ _____	Sweepstakes	\$ _____
(\$32.00 ea)		(\$15.00 ea)	
Listing Fees	\$ _____	Non-Regular	\$ _____
(\$9.60)		(\$15.00 ea)	
Exhibition Only	\$ _____	Catalogue	\$ _____
(\$5.00)		(\$10.00 ea)	
Baby Puppy	\$ _____	TOTAL ENCLOSED \$	_____
(\$15.00 ea)			

*Please type or print clearly*

Breed <b>Retriever (Golden)</b>	Variety	Sex
------------------------------------	---------	-----

Enter in the following Classes:

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Open                | <input type="checkbox"/> Baby Puppy      | <input type="checkbox"/> Sweepstakes |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Field Class         | <input type="checkbox"/> Brace           | class _____                          |
| <input type="checkbox"/> 12 - 18 Month     | <input type="checkbox"/> Veterans (7-10 yrs) | <input type="checkbox"/> Stud Dog        |                                      |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Veterans (10 + yrs) | <input type="checkbox"/> Brood Bitch     |                                      |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Specials Only       | <input type="checkbox"/> Exhibition Only |                                      |

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

Check One – and – Enter Number here

- CKC Reg. No.  
 CKC ERN No.  
 CKC Misc. Cert. No.  
 Listed

Date of Birth
D _____ M _____ Y _____

Is this a puppy?
YES ___ NO ___

Place of Birth
<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere

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

Sire \_\_\_\_\_

Dam \_\_\_\_\_

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

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

City	Prov.	Code
------	-------	------

Name of Owner's Agent (if any)

at the Show

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

City	Prov.	Code
------	-------	------

Mail I.D. to  Owner or  Agent Email \_\_\_\_\_

**FAX/CREDIT CARD ENTRIES**

Amer Express  Mastercard  VISA Card No. \_\_\_\_\_ Expiry \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.



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(\$9.60)  
Exhibition Only \$ \_\_\_\_\_  
(\$5.00)  
Baby Puppy \$ \_\_\_\_\_  
(\$15.00 ea)

TOTAL ENCLOSED \$ \_\_\_\_\_

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