



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Association Canine de la Mauricie, Inc.

Mail to : Pascale Pontois, ACM

1890 Rang des Chutes, Ste Ursule, Qc J0K 3M0

Conformation

- DATE Friday June 24, 2016
 Saturday June 25, 2016
 Sunday June 26, 2016

Obedience

- Saturday June 25,2016 Trial # 1
 Saturday June 25 2016 Trial # 2
 Sunday June 26,2016 Trial # 3
 Sunday June 26,2016 Trial # 4

Total: \$ _____ Entry Fees: \$ _____ List Fees: \$ _____ Catalogue: \$ _____

BREED	VARIETY	SEX
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INCRIVEZ DANS LES CLASSES SUIVANTES :

- | | | | |
|--|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Chiot Junior /Junior Puppy | <input type="checkbox"/> Ouverte /Open | <input type="checkbox"/> Pré-Novice | <input type="checkbox"/> Novice INT |
| <input type="checkbox"/> Chiot Senior /Senior Puppy | <input type="checkbox"/> Spéciaux seulement | <input type="checkbox"/> Novice A | <input type="checkbox"/> Open A |
| <input type="checkbox"/> 12-18 mois | <input type="checkbox"/> Exposition Seulement | <input type="checkbox"/> Novice B | <input type="checkbox"/> Open B |
| <input type="checkbox"/> Élevé au Canada /Canadian bred | <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Novice C | <input type="checkbox"/> Utility A |
| <input type="checkbox"/> Élevé par l'exposant /bred by Exhibitor | | Saut ... Hauteur : _____ | <input type="checkbox"/> Utility B |

REGISTERED
NAME OF DOG

<input type="checkbox"/> C.K.C. REG. No. <input type="checkbox"/> C.K.C. ERN No. <input type="checkbox"/> C.K.C. Misc. Cert. No. <input type="checkbox"/> Listed (no C.K.C. No.)	DATE OF BIRTH D _____ M _____ Y _____	Is this a Puppy ? <input type="checkbox"/> YES <input type="checkbox"/> NO
	PLACE OF BIRTH <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s)

Sire

Dame

Reg'd Owner(s)

Owner's Address

City Prov. Postal Code E-mail

Name of Owner's Agent (if any) at the Show

Agent's Address:

City Prov. Postal Code E-mail

Mail I.D to Owner Agent

Fax entries must be accompanied by a Visa or Master Card number. Verification Number Rear _____ Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Card No. _____ Expiry ____ / ____ Name of Cardholder _____

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 TELEPHONE NUMBER