



CHAMPLAIN DOG CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0



Entry Fees \$28.00/Show or Trial before March 1, \$30.00 after March 1st

Conformation	Ex.Only	Obedience	Listing Fee	
April 10 <input type="checkbox"/> - #1	<input type="checkbox"/> \$10.00	<input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2	<input type="checkbox"/> \$9.61 <input type="checkbox"/> \$9.50	
April 10 <input type="checkbox"/> - #2			<input type="checkbox"/> \$9.61	
April 11 <input type="checkbox"/>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4	<input type="checkbox"/> \$9.61 <input type="checkbox"/> \$9.61	
April 12 <input type="checkbox"/>	<input type="checkbox"/> \$10.00		<input type="checkbox"/> \$9.61	

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-ordered catalogues \$8.00

Breed _____	Variety _____	Sex _____
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Enter in the following classes:		<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Open B
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Novice A	<input type="checkbox"/> Utility A
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Novice B	<input type="checkbox"/> Utility B
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Novice C	
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Novice Interm.	Jumps - _____:
<input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Open A	

Reg.Name of Dog _____

Check One and Enter Number Here	Date of Birth	Is this a Puppy?
<input type="checkbox"/> C.K.C.Reg.No.	D____M____Y____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> C.K.C.ERN No.		
<input type="checkbox"/> C.K.C.Misc.Cert.No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City _____	Prov. _____	Postal Code _____
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Name of Owner's Agent (if any) at the Show) _____

Agent's Address _____

City _____	Prov. _____	Postal Code _____
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Mail I.D.to _____

- Agent
- Owner

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.

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.

EMAIL:

FAX SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____