



**OFFICIAL CANADIAN KENNEL CLUB FORM
CONFIRMATION
WINE COUNTRY KENNEL CLUB**

CLOSING DATE: 8PM WED, SEPT 24, 2014

Make fees payable to: Wine Country Kennel Club

Mail to: M. Brown 9 Harvest Oak Dr St. Catharines, ON L2S 3H4

- Friday Oct. 10/14 Show #1
- Friday Oct. 10/14 Show # 2
- Saturday Oct.11/14
- Sunday Oct. 12/14
- Monday Oct. 13/14

Entry Fees

\$30.00 per show	\$ _____
Exhibition Only	\$ _____
\$10.00 per show	\$ _____
Listing Fees	\$ _____
\$9.50 per show	\$ _____
Baby Puppy	\$ _____
\$10.00 per show	\$ _____
Catalogue	\$ _____
\$8.00 each	\$ _____
TOTAL:	\$ _____

Email Confirmation to:

Breed:	Variety:	Sex:
--------	----------	------

Enter in the following Classes

- | | |
|---|--|
| <input type="checkbox"/> BABY PUPPY (3-9M) | <input type="checkbox"/> CANADIAN BRED |
| <input type="checkbox"/> JUNIOR PUPPY (6-9M) | <input type="checkbox"/> BRED BY EXHIBITOR |
| <input type="checkbox"/> SENIOR PUPPY (9-12M) | <input type="checkbox"/> OPEN |
| <input type="checkbox"/> 12-18 MONTHS | <input type="checkbox"/> SPECIALS ONLY |
| | <input type="checkbox"/> EXHIBITION ONLY |

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 ____	<input type="checkbox"/> Y <input type="checkbox"/> N
	Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breed(s) _____

Sire _____

Dam _____

Registered 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. to: Owner or Agent

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. In addition, 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 or misfortune however caused.

Signature of Owner or Agent _____ Phone Number _____



**OFFICIAL CANADIAN KENNEL CLUB FORM
CONFIRMATION
WINE COUNTRY KENNEL CLUB**

CLOSING DATE: 8PM WED, SEPT 24, 2014

Make fees payable to: Wine Country Kennel Club

Mail to: M. Brown 9 Harvest Oak Dr St. Catharines, ON L2S 3H4

- Friday Oct. 10/14 Show #1
- Friday Oct. 10/14 Show # 2
- Saturday Oct.11/14
- Sunday Oct. 12/14
- Monday Oct. 13/14

Entry Fees

\$30.00 per show	\$ _____
Exhibition Only	\$ _____
\$10.00 per show	\$ _____
Listing Fees	\$ _____
\$9.50 per show	\$ _____
Baby Puppy	\$ _____
\$10.00 per show	\$ _____
Catalogue	\$ _____
\$8.00 each	\$ _____
TOTAL:	\$ _____

Email Confirmation to:

Breed:	Variety:	Sex:
--------	----------	------

Enter in the following Classes

- | | |
|---|--|
| <input type="checkbox"/> BABY PUPPY (3-9M) | <input type="checkbox"/> CANADIAN BRED |
| <input type="checkbox"/> JUNIOR PUPPY (6-9M) | <input type="checkbox"/> BRED BY EXHIBITOR |
| <input type="checkbox"/> SENIOR PUPPY (9-12M) | <input type="checkbox"/> OPEN |
| <input type="checkbox"/> 12-18 MONTHS | <input type="checkbox"/> SPECIALS ONLY |
| | <input type="checkbox"/> EXHIBITION ONLY |

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 ____	<input type="checkbox"/> Y <input type="checkbox"/> N
	Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breed(s) _____

Sire _____

Dam _____

Registered 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. to: Owner or Agent

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. In addition, 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 or misfortune however caused.

Signature of Owner or Agent _____ Phone Number _____