



OFFICIAL CANADIAN KENNEL CLUB FORM  
**CONFORMATION - LIMITED ENTRY**  
**SAULT STE. MARIE KENNEL CLUB**

- |  |  |
|--|--|
| <input type="checkbox"/> Sat. MAY 21, 2016 Show #1 | <input type="checkbox"/> Sun. MAY 22, 2016 Show #4 |
| <input type="checkbox"/> Sat. MAY 21, 2016 Show #2 | <input type="checkbox"/> Mon. MAY 23, 2016 Show #5 |
| <input type="checkbox"/> Sun. MAY 22, 2016 Show #3 | <input type="checkbox"/> Mon. MAY 23, 2016 Show #6 |

**CLOSING DATE:** 8:00 p.m.

**WEDNESDAY, MAY 4, 2016**

*(or when the limit is reached)*

Make fees payable to

**SAULT STE. MARIE KENNEL CLUB**

and mail to:

MJN Show Services

9 Samya Court

Scarborough, ON M1R 2A4

*Please type or print clearly*

Entry Fees (\$29.00 per show) \$ \_\_\_\_\_

Listing Fees (\$9.60 per show) \$ \_\_\_\_\_

Baby Puppy/Altered (\$12.00 per show) \$ \_\_\_\_\_

Exhibition Only (\$10.00) \$ \_\_\_\_\_

Catalogue (\$6.00 each) \$ \_\_\_\_\_

TOTAL enclosed \$ \_\_\_\_\_

Breed _____	Variety _____	Sex _____
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Enter in the following Classes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Open            | <input type="checkbox"/> Owner/Handler Competition (Sunday Show #4) |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Specials Only   |   |
| <input type="checkbox"/> 12 - 18 Month     | <input type="checkbox"/> Exhibition Only |   |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Baby Puppy      |   |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Altered         |   |

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 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 _____
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Name of Owner's Agent (if any)

at the Show \_\_\_\_\_

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

City _____	Prov. _____	Code _____
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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. \_\_\_\_\_