



ONTARIO COUNTY KENNEL CLUB

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

SPECIALTY SHOW:

BULLMASTIFF FANCIERS OF CANADA – SATURDAY, JUNE 9, 2018

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-Ordered Catalogue

Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered | <input type="checkbox"/> Sweeps 6-9 |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Stud Dog | <input type="checkbox"/> Sweeps 9-12 |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Sweeps 12-15 |
| <input type="checkbox"/> 12-15 Months | <input type="checkbox"/> Veterans | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Sweeps 15-18 |
| <input type="checkbox"/> 15-18 Months | <input type="checkbox"/> Specials Only | | <input type="checkbox"/> Vet Sweeps 7+ |

Reg.Name of Dog _____

Check One and Enter Number Here

Date of Birth
D ___ M ___ Y ___

Is this a Puppy?
 YES NO

- C.K.C.Reg.No.
 C.K.C.ERN No.
 C.K.C. Misc.Cert.No.
 Listed (no C.K.C.No.)

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd 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 _____

Email / Mail I.D.to

Owner.

Agent

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 # _____