



OFFICIAL CANADIAN KENNEL CLUB FORM
BEARDED COLLIE CLUB OF CANADA
NATIONAL SPECIALTY SHOW
August 16-18, 2016

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

Total: \$ _____ Entry Fees: \$ _____ Listing Fees: \$ _____ Catalog: \$ _____
 Breed _____ Variety _____ Sex _____

Bearded Collie

Enter in the following classes:

<input type="checkbox"/> Stud Dog
<input type="checkbox"/> Baby Puppy <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Brood Bitch
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Open <input type="checkbox"/> Brace
<input type="checkbox"/> Senior Puppy <input type="checkbox"/> Veterans <input type="checkbox"/> Altered
<input type="checkbox"/> 12-18 mths <input type="checkbox"/> Specials Only <input type="checkbox"/> Sweeps ()
<input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Vet.Sweeps ()

Reg.Name of Dog _____

Check One and Enter Number Here Date of Birth Is this a Puppy?

<input type="checkbox"/> CKC Reg.No.	D ___ M ___ Y ___	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CKC ERN No.		
<input type="checkbox"/> CKC 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 _____

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

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail I.D. to: _____

Owner _____
 Agent SIGNATURE OF OWNER OR AGENT TELEPHONE NUMBER

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.

FAX SERVICES - VISA - MASTERCARD - AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____