



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

UNITED KENNEL CLUB

Mail to: Diana Edwards Show Services

1562 Route 203, Howick, Qc J0S 1G0

Chinese Crested Club of Canada – National – Saturday, Nov. 4, 2017

Chinese Crested Club of Canada – Regional – Sunday, Nov. 5, 2017

Total: \$ Entry Fees: \$ Listing Fees: \$ Catalog: \$

Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Open - Hairless | <input type="checkbox"/> Altered | <input type="checkbox"/> Rally CCCC - Class _____ |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open - Puff | <input type="checkbox"/> Stud Dog | <input type="checkbox"/> Obed. CCCC - Class _____ |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Veteran | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Sweeps 3-6 <input type="checkbox"/> Vet.Sweeps 7-9 |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Brace | <input type="checkbox"/> Sweeps 6-9 <input type="checkbox"/> Vet.Sweeps 9 + |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only | | <input type="checkbox"/> Sweeps 9-12 |
| <input type="checkbox"/> Bred by Exhibitor | Rally Jump: _____ | Obed Jump: _____ | <input type="checkbox"/> Sweeps 12-18 |

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 _____

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 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 Code** _____