



OFFICIAL CANADIAN KENNEL CLUB FORM

SUDBURY & DISTRICT KENNEL CLUB

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



- () Friday Sept. 16 - #1
() Friday Sept. 16 - #2
() Saurday Sept. 17 - #3
() Saturday Sept. 17 - #4
() Sunday Sept. 18 - #5
() Sunday Sept. 18 - #6

- () Owner Handled
Sat.Sept 17 Show # 4
() Catalogue

TOTAL : \$ BREED ENTRY : \$ LISTING FEE: \$ CATALOG: \$
Breed Variety Sex

Enter in the following classes:

- [] Junior Puppy [] Bred By Exhibitor *** [] Baby Puppy - \$10.00 / show
[] Senior Puppy [] Open
[] 12 - 18 Months [] Specials Only (\$10.00 discount if entered all 6 shows - same dog)
[] Canadian Bred [] Exhibition Only (Does not apply to Baby Puppy Class)

Reg.Name of Dog

Check One and Enter Number Here

Date of Birth

Is this a Puppy?

[] CKC Reg.No. D ___ M ___ Y ___ [] YES [] NO

[] CKC ERN No.

[] CKC Misc.Cert.No.

Place of Birth

[] Listed (no C.K.C.No.

[] 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

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.

email:

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security Code _____