



## Official Entry Form

### AVALON KENNEL CLUB

Oct 4/14 Show 1       Oct 4/14 Trial 1       Entry Fees \_\_\_\_\_  
 Oct 4/14 Show 2       Oct 4/14 Trial 2       Listing Fees \_\_\_\_\_  
 Oct 5/14 Show 3       Catalogue       Catalogue \_\_\_\_\_  
 Oct 5/14 Show 4       Total Fees \$ \_\_\_\_\_

<b><u>Conformation</u></b> <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred <b>By</b> Exhibitor <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Month <input type="checkbox"/> Specials Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Baby Puppy Class  <input type="checkbox"/> 3-6 Month Puppy (Exhibition Only)	<b><u>Obedience</u></b> <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open A <input type="checkbox"/> Novice A <input type="checkbox"/> Open B <input type="checkbox"/> Novice B <input type="checkbox"/> <b>Utility A</b> <input type="checkbox"/> Novice C <input type="checkbox"/> <b>Utility B</b> <input type="checkbox"/> Intermediate Novice <input type="checkbox"/> Exhibition Only <b>JUMP HGT.</b> _____	<b><u>Rally Obedience</u></b> <input type="checkbox"/> Nov. A <input type="checkbox"/> Exc. A <input type="checkbox"/> Nov. B <input type="checkbox"/> Exc. B <input type="checkbox"/> Adv. A <input type="checkbox"/> R.A.E <input type="checkbox"/> Adv. B <input type="checkbox"/> Exhibition Only  <b>JUMP HGT.</b> _____
Breed:	Variety	Sex
Reg. Name of Dog:		
Check One      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 – Circle Month Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Day _____ Year _____ Place of Birth - CAN _____ Elsewhere _____	Is this a puppy?  Yes _____  No _____
Breeders:		
Sire:		
Dam:		
Reg'd Owner(s):		
Owner's Address:		
City/Province:	Postal Code:	
Agent:		
Agent's Address:		
City/Province:	Postal Code:	
Mail ID: <input type="checkbox"/> Owner <input type="checkbox"/> Agent	Address of Agent	© Tilson Creations
<b>If the registered owner(s) is/are CKC</b>	<b>Member (s), please provide</b>	<b>CKC number (s).</b>

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 consideration 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.

Signature: \_\_\_\_\_ Telephone No. \_\_\_\_\_