



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
ONTARIO COUNTY KENNEL CLUB

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

Conformation	Baby Puppy	Listing Fee	() Canadian Bred Competition
June 9-#1 <input type="checkbox"/> \$32.00		<input type="checkbox"/> \$9.61	(Sunday, June 11th)
June 9-#2 <input type="checkbox"/> \$32.00		<input type="checkbox"/> \$9.61	
June 10 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$9.61	<input type="checkbox"/> Limited Breed - Working Group 3
June 11 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$9.61	<input type="checkbox"/> Limited Breed - Herding Group 7
<input type="checkbox"/> I ENCLOSE \$	FOR TOTAL ENTRY FEES		<input type="checkbox"/> Pre-ordered Catalogue

Breed	Variety	Sex
Enter in the following classes:		
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Sweeps 6-9
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Sweeps 9-12
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Sweeps 12-18
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Vet Sweeps 7-9
<input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Vet Sweeps 9-11
		<input type="checkbox"/> Vet Sweeps 11+

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
_____	_____	_____

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 # _____