



OFFICIAL CANADIAN KENNEL CLUB FORM

CONFORMATION

ST. CATHARINES & DISTRICT KENNEL & OBEDIENCE CLUB INC.

- Fri. AUGUST 18, 2017 (Show 1)
- Fri. AUGUST 18, 2017 (Show 2)
- Sat. AUGUST 19, 2017
- Sun. AUGUST 20, 2017

CLOSING DATE: 8 p.m.
 WEDNESDAY, AUGUST 2, 2017
(or when the limit is reached for the Friday shows)

Make fees payable to
 ST. CATHARINES & DISTRICT
 KENNEL & OBEDIENCE CLUB
 and mail to:
 MJN Show Services
 9 Samya Court
 Scarborough, ON M1R 2A4

- LIMITED BREED SHOWS
- Group 3 - Sat. August 19, 2017
 - Group 6 - Sun. August 20, 2017

Entry Fees (\$30.00 per show) \$ _____
 Listing Fees (\$9.60 per show) \$ _____
 Exhibition Only (\$12.00) \$ _____
 Veterans (\$12.00 Sat. only) \$ _____
 Baby Puppy (\$12.00 per show) \$ _____
 Altered (\$12.00 Sun. only) \$ _____
 Catalogue (\$7.00 each) \$ _____
TOTAL enclosed \$ _____

Please type or print clearly

Breed	Variety	Sex
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Enter in the following Classes:

- | | | |
|--|---|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | |
| <input type="checkbox"/> 12 - 18 Month | <input type="checkbox"/> Baby Puppy (<i>Sat. & Sun. only</i>) | |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Veterans (<i>Sat. only</i>) | |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Altered Class (<i>Sun. only</i>) | |

Reg. Name of Dog

Check One – and – Enter Number here

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert. No.
- Listed

Date of Birth	Is this a puppy?
D _____ M _____ Y _____	YES _____ NO _____

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
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Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City	Prov.	Code
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Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.



LIMITED ENTRY OBEDIENCE & RALLY TRIALS

ST. CATHARINES & DISTRICT KENNEL & OBEDIENCE CLUB INC.

OBEDIENCE

Saturday, August 19

Trial #1 Trial #2

RALLY OBEDIENCE

Friday, August 18

Trial #1 Trial #2

Sunday, August 20

Trial #3 Trial #4

ENTRY FEES \$ _____
(\$30.00 per trial)

LISTING FEES \$ _____
(\$9.60 per trial)

SAME DAY ENTRY \$ _____
(\$37.00 per trial)

Prepaid Catalogue \$ _____
(\$7.00 each)

EXHIBITION ONLY \$ _____
(\$12.00)

TOTAL enclosed \$ _____

CLOSING DATE: 8:00 p.m.

Wednesday, August 2, 2017

Make fees payable to

St. Catharines & District Kennel & Obedience Club Inc
and mail to:

MJN Show Services

9 Samya Court

Scarborough, ON M1R 2A4

Please type or print clearly

Breed	Variety	Sex
Enter in the following Classes:		
<input type="checkbox"/> Novice A	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Rally Novice A
<input type="checkbox"/> Novice B	<input type="checkbox"/> Novice C	
<input type="checkbox"/> Open A	<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Rally Intermediate
<input type="checkbox"/> Open B	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Rally Advanced A
<input type="checkbox"/> Utility A		<input type="checkbox"/> Rally Advanced B
<input type="checkbox"/> Utility B		<input type="checkbox"/> Rally Excellent A
		<input type="checkbox"/> Rally Excellent B
		Rally Jump Heights (Advanced/Excellent)
		<input type="checkbox"/> Under 10" (6"/12")
		<input type="checkbox"/> 10" and under 15" (8"/16")
		<input type="checkbox"/> 15" and under 20" (12"/24")
		<input type="checkbox"/> 20" and over (16"/32")
		Obedience Jumps: Height _____
		Width _____

Reg. Name of Dog

Check One – and – Enter Number here

- CKC Reg. No.
 CKC ERN No.
 CKC Misc. Cert. No.
 Listed

Date of Birth

D _____ M _____ Y _____

Is this a puppy?

YES ___ NO ___

Place of Birth

Canada Elsewhere

Breeder(s)

Sire

Dam

Reg'd Owner(s)

Owner's Address

City

Prov.

Code

Name of Owner's Agent (if any)

at the Trial

Agent's Address

City

Prov.

Code

Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

AMEX Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.



OFFICIAL CANADIAN KENNEL CLUB FORM
SPECIALTY CONFORMATION

Shih Tzu Fanciers of Southern Ontario
Saturday, August 19, 2017

CLOSING DATE: 8 p.m.
WEDNESDAY, AUGUST 2, 2017
Make fees payable to
ST. CATHARINES & DISTRICT
KENNEL & OBEDIENCE CLUB
and mail to:
MJN Show Services
9 Samya Court
Scarborough, ON M1R 2A4

Entry Fees (\$30.00 per show) \$ _____
Listing Fees (\$9.60 per show) \$ _____
Exhibition Only (\$12.00) \$ _____
Baby Puppy (\$12.00 per show) \$ _____
Catalogue (\$7.00 each) \$ _____

Please type or print clearly TOTAL enclosed \$ _____

Breed	Variety	Sex
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Enter in the following Classes:

- | | |
|--|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> 12 - 18 Month | <input type="checkbox"/> Specials Only |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Baby Puppy |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only |

Reg. Name of Dog _____

Check One – and – Enter Number here

- CKC Reg. No.
 CKC ERN No.
 CKC Misc. Cert. No.
 Listed

Date of Birth	Is this a puppy?
D _____ M _____ Y _____	YES ___ NO ___

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
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Name of Owner's Agent (if any)
at the Show _____

Agent's Address _____

City	Prov.	Code
------	-------	------

Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NO. _____



SPECIALTY SHOW
SHIH TZU FANCIERS OF SOUTHERN ONTARIO

SATURDAY, AUGUST 19, 2017

**JUDGE AND
ASSIGNMENT**

Robert Denis
38 Mika Street, Stittsville ON, K2S 1K8
All Official Classes, 12 to 18 Months, Veteran and Baby Puppy

Show Site RV's, Trailer Parking & Camping

Includes:

Electrical Hook Ups ~ Water Hook Ups ~ Washrooms

RV Parking Rate - \$20.00 per day

There is a limited number of trailer sites available for exhibitor parking and camping. Please send payment and form below to reserve an RV camping space.

Name _____

Phone _____

Type of Vehicle _____

Lic. # _____ Prov./State _____

Please reserve for these dates:

Thurs. Aug. 17th Fri. Aug. 18th Sat. Aug. 19th Sun. Aug. 20th

RV sites on first come-first serve basis.

All parking is at your own risk.

***The St. Catharines & District Kennel & Obedience Club
will not be held responsible for any damages.***

Please mail written request for trailer parking and camping, along with a cheque or money order, payable to the St. Catharines Kennel Club to:

Jerry Tucker
130 Stewart Road, R.R. 4,
Niagara-on-the-Lake, ON L0S 1J0
(905) 684-1449