



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Trillium Dog Fanciers (Specialty / Limited Breed Show)

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

Name of Specialty Club or Limited Breed Show

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES

Breed	Variety	Sex
Enter in the following classes:		
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Altered
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Stud Dog
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Brood Bitch
<input type="checkbox"/> 12-15 Months	<input type="checkbox"/> Veterans	<input type="checkbox"/> Brace
<input type="checkbox"/> 15-18 Months	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Team
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Parade of Vets
		<input type="checkbox"/> Parade of Titleholders
	<input type="checkbox"/> Sweeps 3-6	<input type="checkbox"/> Vet.Sweeps 7-9
	<input type="checkbox"/> Sweeps 6-9	<input type="checkbox"/> Vet.Sweeps 9+
	<input type="checkbox"/> Sweeps 9-12	<input type="checkbox"/> Vet.Sweeps 9-11
	<input type="checkbox"/> Sweeps 12-18	<input type="checkbox"/> Vet.Sweeps 11+
	<input type="checkbox"/> Sweeps 18-24	

Reg.Name of Dog _____

Check One and Enter Number Here Puppy?	Date of Birth	Is this a
<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 / email 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 # _____