



CLUB LOISIRS CANINS

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



Conformation

- () Saturday, June 7 - #1
- () Saturday, June 7 - #2
- () Sunday, June 8 - #3
- () Sunday, June 8 - #4
- () Catalogue - \$ 8.00

Obedience

- () Saturday, June 7 - Trial #1 - am
- () Saturday, June 7 - Trial #2 - pm
- () Sunday, June 8 - Trial #3 - am
- () Sunday, June 8 - Trial #4 - pm

Total: \$ _____ **Entry Fees: \$** _____ **Listing Fees: \$** _____ **Catalog: \$** _____
 Breed _____ Variety _____ Sex _____

Enter in the following classes: Pre-Novice Open A
 Junior Puppy Bred By Exhibitor Novice A Open B
 Senior Puppy Open Novice B Utility A
 12 -18 Months Specials Only Novice C Utility B
 Canadian Bred Exhibition Only Nov. Inter. Jumps:

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 / email:

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.

E-mail: _____

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

Card number: _____ Expiry date _____

(New)

Name of Card Holder: _____ **Security #** _____