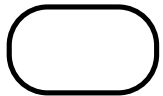




OFFICIAL CANADIAN KENNEL CLUB FORM
THE CHATEAUGUY VALLEY KENNEL CLUB



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

Conformation

- () Friday, July 4 - #1
- () Friday, July 4 - #2
- () Saturday, July 5 - #3
- () Sunday, July 6 - #4

Obedience

- () Sat. July 4 - Trial # 1
- () Sun. July 5 - Trial # 2
- () Sun. July 5 - Trial # 3

Rally

- () Fri. July 3 - Trial # 1
- () Fri. July 3 - Trial # 2
- () Sat. July 4 - Trial # 3

Jump: _____

Jump: _____

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

Enter in the following classes:

- | | | | | |
|--|--|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Open B | <input type="checkbox"/> Novice A |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Novice A | <input type="checkbox"/> Utility A | <input type="checkbox"/> Novice B |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Novice B | <input type="checkbox"/> Utility B | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Novice C | | <input type="checkbox"/> Advance A |
| <input type="checkbox"/> Canadian Bred | | <input type="checkbox"/> Novice Int. | Jump _____ | <input type="checkbox"/> Advanced B |
| | | <input type="checkbox"/> Open A. | | <input type="checkbox"/> Excellent A |
| | | | Rally Jump _____ | <input type="checkbox"/> Excellent B |

Reg.Name of Dog _____

Check One and Enter Number Here

- CKC Reg.No.
- CKC ERN No.
- CKC Misc.Cert.No.
- CKC CCN No.
- Listed (no C.K.C.No.)

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. _____

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 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 regulation appearing in the premium list.

Email: _____

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security Code _____