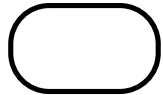




OFFICIAL CANADIAN KENNEL CLUB FORM
THOUSAND ISLANDS KENNEL & OBEDIENCE CLUB
 Mail to: Diana Edwards Show Services
 1562 Route 203, Howick, QC J0S 1G0



Name of Specialty Club _____

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

Enter in the following classes: *Please check Specialty page for classes*

- | | | | | |
|--|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brace | Sweepstakes | Vet. Sweepstakes |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Veteran | <input type="checkbox"/> Field | <input type="checkbox"/> 3-6 mths | <input type="checkbox"/> 7-9 yrs |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials | <input type="checkbox"/> Obed.Title | <input type="checkbox"/> 6-9 mths | <input type="checkbox"/> 10+ yrs |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Altered | | <input type="checkbox"/> 9-12 mths | <input type="checkbox"/> 10-12 yrs |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Stud Dog | | <input type="checkbox"/> 12-18 mths | <input type="checkbox"/> 13 + yrs |
| <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Brood Bitch | | <input type="checkbox"/> 18-24 mths | <input type="checkbox"/> _____ |

Reg.Name of Dog _____

Check One and Enter Number Here

- CKC Reg.No.
 CKC ERN No.
 CKC Misc.Cert.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 _____
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Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____	Prov. _____	Postal Code _____
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Mail 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 regulations appearing in the premium list.

email: _____

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ **(New) Security Code** _____