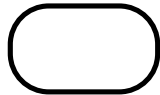




OFFICIAL CANADIAN KENNEL CLUB FORM

THE CHATEAUGUAY VALLEY KENNEL CLUB

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



Conformation

- () Friday, July 5 - #1
- () Friday, July 5 - #2
- () Saturday, July 6 - #3
- () Sunday, July 7 - #4

Obedience

- () Sat. July 6 - Trial # 1
- () Sat. July 6 - Trial # 2
- () Sun. July 7 - Trial # 3
- () Sun. July 7 - Trial # 4

| | | | |
|-----------|----------------|------------------|-------------|
| Total: \$ | Entry Fees: \$ | Listing Fees: \$ | Catalog: \$ |
| Breed | Variety | Variety | Sex |

Enter in the following classes:

- | | | | | |
|---------------------------------------|--|---|------------------------------------|-------|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Open A | Jumps |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Novice A | <input type="checkbox"/> Open B | |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Novice B | <input type="checkbox"/> Utility A | _____ |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Novice C | <input type="checkbox"/> Utility B | |
| | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Novice Interm. | | |

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

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: _____