

Name of Card Holder: \_

## OFFICIAL CANADIAN KENNEL CLUB FORM HOCHELAGA KENNEL CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, Oc. JOS 1G0

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		1562 Roule 203, Howick, QC 305 TG0			
CONFORMATION Sat. May 16	30.00 30.00	BABY PUPPY ☐ \$15.00 ☐ \$15.00 ☐ \$15.00	LISTING FEES  ☐ \$8.95  ☐ \$8.95  ☐ \$8.95	☐ Catalogue \$8.00	
Total: \$	Entry	/ Fees: \$	Listing Fees: \$	Catalog: \$	
Breed			Variety	Sex	
Enter in the followi Baby Puppy Junior Puppy Senior Puppy 12-18 Months		: Canadian Bred Bred by Exhibitor Open Specials Only	☐ Exhibition Only		
Reg.Name of Dog					
Check One and Er  CKC Reg.No.  CKC ERN No		er Here	Date of Birth	117	
CKC Misc.Cel Listed (no C.k	rt.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 A	Agent (if ar	ny) at the Show			
Agent's Address					
City			Prov.	Postal Code	
Mail / email I.D. to: Owner Agent					
3		RE OF OWNER OR		TELEPHONE NUMBER	
I certify that I am the r entered above and ac entry, I(we) agree to I regulations appearing	egistered ow scept full responded be bound by g in the prem	ner(s) of the dog or that ponsibility for all stateme the rules and regulation hium list.	I am the authorized agent of the ents made in this entry. In consins of the Canadian Kennel Clui	e owner(s) whose name(s) I have ideration of the acceptance of this b and by any additional rules and	
Email:					
F	AX SER	VICES - VISA - MA	ASTERCARD - AMEX	- (450) 825-0894	
Card number:		Expiry date			

\_Security # \_