



**SPECIALTY CONFORMATION ENTRY FORM
KILBRIDE & DISTRICT KENNEL CLUB**

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

Total Entry Fees _____

- | | |
|--|---|
| <input type="checkbox"/> Sat. Southern Ontario Scent Hounds | <input type="checkbox"/> Catalogue |
| <input type="checkbox"/> Sat. Association of Great Dane Fanciers | |
| <input type="checkbox"/> Sun...Association of Great Dane Fanciers | |
| <input type="checkbox"/> Sat. Miniature Bull Terrier Club of Ontario | |
| <input type="checkbox"/> Sat. Southern Counties Hound Breeds Assoc | |
| <input type="checkbox"/> Sun.Southern Counties Hound Breeds Assoc | |
| <input type="checkbox"/> Sun.Ontario Bouvier des Flandres Club | <input type="checkbox"/> Sun.Working & Herding Club of Southern Ontario |

Breed	Variety	Sex
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Veterans (age if req'd)	SWEEPSTAKES
<input type="checkbox"/> Junior Puppy		<input type="checkbox"/> 3 to 6 months
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> 6 to 9 months
<input type="checkbox"/> 12-15 Months	<input type="checkbox"/> Sexually Altered	<input type="checkbox"/> 9 to 11 years
<input type="checkbox"/> 15-18 Months	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> 11 years + older
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> 7 to 10 years
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Brace	<input type="checkbox"/> 10 years + older
<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Open (colour if req'd)		<input type="checkbox"/> 15 to 18 months
		<input type="checkbox"/> Stud Dog & Brood Bitch Sweeps (MBTCO)
		<i>(Consult individual specialties for classes offered)</i>

Reg.Name of Dog _____

Check One and Enter Number Here	Date of Birth	Is this a Puppy?
<input type="checkbox"/> C.K.C.Reg.No.	D ___M ___Y ___	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> C.K.C.ERN No.		
<input type="checkbox"/> C.K..C.Misc.Cert.No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> 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 _____

Email / Mail I.D.to

- Owner.
 Agent

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NO. _____

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: _____

CREDIT CARDS - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

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