



OFFICIAL CANADIAN KENNEL CLUB FORM
CHATEAUGUAY VALLEY KENNEL CLUB

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

Specialty: SIBERIAN HUSKY CLUB OF CANADA - REGIONAL

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

Enter in the following classes:

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brace | <input type="checkbox"/> Sweeps _____ |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Veteran | <input type="checkbox"/> Stud Dog | <input type="checkbox"/> Untitled WD & SD Sweeps |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Titled SD - SDX - SDU |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Team | <input type="checkbox"/> Titled WD - WDX |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered | | |
| <input type="checkbox"/> Bred by Exhibitor | | | |

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 _____

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 regulations appearing in the premium list.

E-mail: _____

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

Card number: _____ Expiry date _____

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