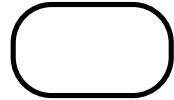




FORMULAIRE D'INSCRIPTION OFFICIEL DU C.C.C  
 OFFICIAL CKC ENTRY FORM  
**UNITED KENNEL CLUB**

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



\_\_\_\_\_  
 Name of Specialty Club

Breed	Variety	Sex
Enter in the following classes		
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Stud Dog
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open _____	<input type="checkbox"/> Brood Bitch
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veterans	<input type="checkbox"/> Brace
<input type="checkbox"/> 12-18 months	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Gun Dog
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Altered	<input type="checkbox"/> Parade Champs
	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Parade Titles
		<input type="checkbox"/> Parade Vets
		<input type="checkbox"/> Sweeps 3-6 mths/mois
		<input type="checkbox"/> Sweeps 6-9 mths/mois
		<input type="checkbox"/> Sweeps 9-12 mths/mois
		<input type="checkbox"/> Sweeps 12-18 mths/mois
		<input type="checkbox"/> Vet. Sweeps 7-9 yrs/ans
		<input type="checkbox"/> Vet. Sweeps 9 + yrs/ans

\_\_\_\_\_  
 Registered Name of Dog

Check off and enter Number	Birthdate	Is this a Puppy?
<input type="checkbox"/> CKC Reg No.	J ___ M ___ A ___	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CKC ERN No.		
<input type="checkbox"/> CKC Misc. Cert.No.)	Birthdate	
<input type="checkbox"/> Listed (no CKC No.)	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

\_\_\_\_\_  
 Breeder

\_\_\_\_\_  
 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 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:** \_\_\_\_\_

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

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ **Security Code** \_\_\_\_\_