



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

SOCIÉTÉ CANINE BEAUCERONNE

Conformation

- Saturday August 13 , 2016 AM
- Saturday August 13 , 2016 PM
- Sunday August 14 , 2016 AM
- Sunday August 14 , 2016 PM

MAIL TO :

Pascale Pontois
 1890, Rg des Chutes
 Ste Ursule (Qc), J0K 3M0
 Catalog \$8.00 (pre-ordered only)

ENTRIES CLOSE : AUGUST 2, 2016, 9:00PM

BREED		VARIETY	SEX
CONFORMATION		<input type="checkbox"/> Baby Puppy	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred by Exhibitor		
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open		
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Special Only		
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only		
REG. NAME OF DOG			
CHECK ONE <input type="checkbox"/> CKC REG. NO <input type="checkbox"/> CKC MISC. CERT. NO <input type="checkbox"/> CKC ERN NO <input type="checkbox"/> LISTED ENTER NUMBER HERE _____		DATE OF BIRTH D M Y	PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		PLACE OF BIRTH	
		<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
OWNER'S ADDRESS			
CITY		PROV.	PC
EMAIL ADDRESS			
NAME OF OWNER'S AGENT			
Agent email address : _____			
SEND I.D. TO <input type="checkbox"/> OWNER OR <input type="checkbox"/> AGENT			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD	
CARD # _____		Verifi Number Rear _____	
		EXPIRY ____/____	
CARD HOLDER NAME _____			

I 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.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.