



OFFICIAL CANADIAN KENNEL CLUB FORM
CONFORMATION - LIMITED ENTRY
SAULT STE. MARIE KENNEL CLUB

CLOSING DATE: 6 p.m.
SAT. MAY 3, 2014
or when the limit is reached
 Make fees payable to
Sault Ste. Marie Kennel Club
 and mail to:
 MJN Show Services
 9 Samya Court
 Scarborough, ON M1R 2A4

- | | | |
|---|------------------------------------|----------|
| <input type="checkbox"/> #1 – Sat. May 17, 2014 | ENTRY FEES (\$28.00 per show) | \$ _____ |
| <input type="checkbox"/> #2 – Sat. May 17, 2014 | EXHIBITION ONLY (\$10.00 per show) | \$ _____ |
| <input type="checkbox"/> #3 – Sun. May 18, 2014 | BABY PUPPY (\$12.00 per show) | \$ _____ |
| <input type="checkbox"/> #4 – Sun. May 18, 2014 | ALTERED (\$15.00 per show) | \$ _____ |
| <input type="checkbox"/> #5 – Mon. May 19, 2014 | LISTING FEE (\$9.50 per show) | \$ _____ |
| <input type="checkbox"/> #6 – Mon. May 19, 2014 | CATALOGUE (\$6.00 each) | \$ _____ |
| | TOTAL enclosed | \$ _____ |

Please type or print clearly

Breed	Variety	Sex
-------	---------	-----

Enter in the following Classes:

- | | | |
|---|--|--|
| <input type="checkbox"/> Baby Puppy (3-6 months) | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered |
| <input type="checkbox"/> Junior Puppy (6-9 months) | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Senior Puppy (9-12 months) | <input type="checkbox"/> Open | |
| <input type="checkbox"/> 12 - 18 Month | <input type="checkbox"/> Specials Only | |

Reg. Name of Dog

Check One – and – Enter Number here	Date of Birth D _____ M _____ Y _____	Is this a puppy? YES ___ NO ___
<input type="checkbox"/> CKC Reg. No.		
<input type="checkbox"/> CKC ERN No.		
<input type="checkbox"/> CKC Misc. Cert. No.	Place of Birth	
<input type="checkbox"/> Listed	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
------	-------	------

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City	Prov.	Code
------	-------	------

Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.



OFFICIAL CANADIAN KENNEL CLUB FORM
CONFORMATION - LIMITED ENTRY
SAULT STE. MARIE KENNEL CLUB

CLOSING DATE: 6 p.m.
SAT. MAY 3, 2014
or when the limit is reached
 Make fees payable to
Sault Ste. Marie Kennel Club
 and mail to:
 MJN Show Services
 9 Samya Court
 Scarborough, ON M1R 2A4

- | | | |
|---|------------------------------------|----------|
| <input type="checkbox"/> #1 – Sat. May 17, 2014 | ENTRY FEES (\$28.00 per show) | \$ _____ |
| <input type="checkbox"/> #2 – Sat. May 17, 2014 | EXHIBITION ONLY (\$10.00 per show) | \$ _____ |
| <input type="checkbox"/> #3 – Sun. May 18, 2014 | BABY PUPPY (\$12.00 per show) | \$ _____ |
| <input type="checkbox"/> #4 – Sun. May 18, 2014 | ALTERED (\$15.00 per show) | \$ _____ |
| <input type="checkbox"/> #5 – Mon. May 19, 2014 | LISTING FEE (\$9.50 per show) | \$ _____ |
| <input type="checkbox"/> #6 – Mon. May 19, 2014 | CATALOGUE (\$6.00 each) | \$ _____ |
| | TOTAL enclosed | \$ _____ |

Please type or print clearly

Breed	Variety	Sex
-------	---------	-----

Enter in the following Classes:

- | | | |
|---|--|--|
| <input type="checkbox"/> Baby Puppy (3-6 months) | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered |
| <input type="checkbox"/> Junior Puppy (6-9 months) | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Senior Puppy (9-12 months) | <input type="checkbox"/> Open | |
| <input type="checkbox"/> 12 - 18 Month | <input type="checkbox"/> Specials Only | |

Reg. Name of Dog

Check One – and – Enter Number here	Date of Birth D _____ M _____ Y _____	Is this a puppy? YES ___ NO ___
<input type="checkbox"/> CKC Reg. No.		
<input type="checkbox"/> CKC ERN No.		
<input type="checkbox"/> CKC Misc. Cert. No.	Place of Birth	
<input type="checkbox"/> Listed	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
------	-------	------

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City	Prov.	Code
------	-------	------

Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.