



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Red Deer and District Kennel Club

Mail Entries to: Erin Verwey, 243 Mahogany Landing SE Calgary, AB T3M 1X4

Make cheques payable to: Alberta Boxer Club

Show dates: April 1, 2017

Entries Close 10pm MDT March 15, 2017



Entry Fees \$ _____ + Listing Fees \$ _____ + Pre-paid Catalogue \$ _____ = TOTAL \$ _____

PLEASE PRINT OR TYPE CLEARLY

Enter in the Following Classes				
Conformation Classes		Unofficial/Non-Regular Classes	Juvenile Sweepstakes	Veterans Sweepstakes
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12 - 18 Month <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Open Fawn <input type="checkbox"/> Open Brindle <input type="checkbox"/> Specials <input type="checkbox"/> Veterans	<input type="checkbox"/> Baby Puppy <input type="checkbox"/> Stud Dog <input type="checkbox"/> Brood Bitch <input type="checkbox"/> Altered	<input type="checkbox"/> Baby Puppy (3 - 6 M) <input type="checkbox"/> Junior Puppy (6 - 9 M) <input type="checkbox"/> Senior Puppy (9 - 12 M) <input type="checkbox"/> 12 - 18 Months	<input type="checkbox"/> 7 - 10 Years <input type="checkbox"/> 10+ Years
<input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6 Month)				
BREED			VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
Reg. Name of Dog (CKC Titles ONLY please)				
Check one & Enter CKC Number: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. NUMBER:		<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.)	DOB ____/____/____ Day Month Year	On the show Date is this a PUPPY? _____ YES _____ NO
			PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)				
SIRE				
DAM				
REG. OWNER(S)				
OWNER(S) ADDRESS				
CITY:		PROV./STATE:		POSTAL CODE:
Telephone Number			CKC Membership #	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW				
AGENT'S ADDRESS				
CITY:		PROV./STATE:		POSTAL CODE:
IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION				
Email Address to send confirmation to				
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Card No. _____ EXPIRY ____/____/____				
CARDHOLDERS NAME (PLEASE PRINT) _____				
AUTHORIZATION & GENERAL AGREEMENT				
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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list. I will allow a photograph of my dog or myself on the AKC Website.				
Signature of Owner, Agent, Handler: X _____			Date: _____	
<i>Signature of parent/guardian is required for children under 18 years</i>				