



# Herding Group Specialty Show

Friday, September 25, 2015

**ENTRIES CLOSE: WEDNESDAY - SEPTEMBER 9, 2015 @ 6:00pm PDT**

**Phone**  
**(204) 878-9761**

*All fees payable to and mailed to*  
**Mt. Cheam Canine Association/c/o C & D Show**  
**Services Box 75, Group 4, RR#2 Lorette, MB R0A 0Y0**

**Fax**  
**(204) 237-0965**

Entry Fees \$ \_\_\_\_\_ Listing Fees \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Enter in the following classes:

- Junior Puppy (\$20)
- Senior Puppy (\$20)
- 12 to 18 months (\$27)
- Canadian-Bred (\$27)
- Bred By Exhibitor (\$27)
- Open (\$27)
- Veterans (\$27)
- Specials (\$27)
- Exhibition Only (\$10)

Non-regular classes:

- Baby Puppy Class (\$20)

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Reg'd Name of Dog \_\_\_\_\_

Check One and Enter Number Here

- CKC Reg. No.
- CKC ERN Number
- CKC PEN Number
- CKC Misc. Cert. No.
- Listed (No CKC/ERN/PEN No.)

Date of Birth \_\_\_\_\_ Is this a Puppy?  
M \_\_\_ D \_\_\_ Y \_\_\_ Yes  No

Place of Birth  
Canada  Elsewhere

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Agent (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

City/Prov/Country \_\_\_\_\_ P.Code \_\_\_\_\_

Mail acknowledgements to (check one only): OWNER  or AGENT

*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 agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in this premium list. I also agree by supplying my credit card number that I hereby allow Manitoba K9 Assoc. to charge my entry fees plus a 10% handling fee to my credit card.*

(check one only)    

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_  
(Please print or type clearly)

Signature of Owner/Agent \_\_\_\_\_ Ph.# ( ) \_\_\_\_\_

Email address: \_\_\_\_\_