



OFFICIAL CANADIAN KENNEL CLUB FORM  
**ST. FRANCIS KENNEL & OBEDIENCE CLUB**  
 Mail to: Diana Edwards Show Services  
 1562 Route 203, Howick, Qc J0S 1G0



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

Total: \$      Entry Fees: \$      Listing Fees: \$      Catalog: \$  
 Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Baby Puppy        | <input type="checkbox"/> Open            | <input type="checkbox"/> Stud Dog    |
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Veteran         | <input type="checkbox"/> Brood Bitch |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Specials Only   | <input type="checkbox"/> Brace       |
| <input type="checkbox"/> 12-18 Months      | <input type="checkbox"/> Exhibition Only |                                      |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Altered         |                                      |
| <input type="checkbox"/> Bred by Exhibitor |  |                                      |

Reg.Name of Dog \_\_\_\_\_

Check One and Enter Number Here      Date of Birth      Is this a Puppy?  
 CKC Reg.No.      D \_\_\_ M \_\_\_ Y \_\_\_       YES  NO  
 CKC ERN No.      \_\_\_\_\_  
 CKC Misc.Cert.No.      Place of Birth  
 Listed (no C.K.C.No.)       Canada  Elsewhere

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

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

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

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

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