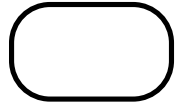




OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM  
**KINGSTON & DISTRICT KENNEL CLUB**

Mail to: Diana Edwards Show Services  
1562 Route 203, Howick, QC J0S 1G0



**THE CHINESE SHAR-PEI CLUB OF CANADA**

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

**I ENCLOSE \$** \_\_\_\_\_

**FOR TOTAL ENTRY FEES**

Breed	Variety	Sex
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- Enter in the following classes:
- |  |  |  |                                       |   |
|--|--|--|---------------------------------------|---|
| <input type="checkbox"/> Baby Puppy    | <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Stud Dog            | <input type="checkbox"/> Sweeps 3-6   | <input type="checkbox"/> Vet.Sweeps 7-9   |
| <input type="checkbox"/> Junior Puppy  | <input type="checkbox"/> Open              | <input type="checkbox"/> Brood Bitch         | <input type="checkbox"/> Sweeps 6-9   | <input type="checkbox"/> Vet.Sweeps 9-10  |
| <input type="checkbox"/> Senior Puppy  | <input type="checkbox"/> Veterans          | <input type="checkbox"/> Brace               | <input type="checkbox"/> Sweeps 9-12  | <input type="checkbox"/> Vet.Sweeps 10-12 |
| <input type="checkbox"/> 12-18 Months  | <input type="checkbox"/> Specials Only     | <input type="checkbox"/> Parade of Vets      | <input type="checkbox"/> Sweeps 12-18 | <input type="checkbox"/> Vet.Sweeps 12 +  |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only   | <input type="checkbox"/> Parade of Champions |                                       |   |

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

Check One and Enter Number Here

Date of Birth

Is this a Puppy?

C.K.C.Reg.No.

D \_\_\_ M \_\_\_ Y \_\_\_

YES  NO

C.K.C.ERN No.

C.K..C.Misc.Cert.No.

Listed (no C.K.C.No.)

Place of Birth

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 NO.

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 \_\_\_\_\_

(NEW)

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