

**OFFICIAL CANADIAN KENNEL CLUB FORM  
CHESAPEAKE BAY RETRIEVER CLUB OF CANADA  
ALL BREED OBEDIENCE**

**Sunday, August 31, 2014**  
 Mail to: Diana Edwards Show Services  
 1562 Route 203, Howick, Qc J0S 1G0



**ENTRIES CLOSE: Tuesday, August 19, 2014 @ 9pm**

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

Enter in the following classes:

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Pre-Novice          | <input type="checkbox"/> Open A    | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Novice A            | <input type="checkbox"/> Open B    |  |
| <input type="checkbox"/> Novice B            | <input type="checkbox"/> Utility A | Jump: _____                              |
| <input type="checkbox"/> Novice C            | <input type="checkbox"/> Utility B |  |
| <input type="checkbox"/> Novice Intermediate | <input type="checkbox"/> Veterans  |  |

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

Check One and Enter Number Here

- CKC Reg.No.  
 CKC ERN No.  
 CKC Misc.Cert.No.  
 Listed (no C.K.C.No.)

Date of Birth \_\_\_\_\_ Is this a Puppy?  
 D \_\_\_ M \_\_\_ Y \_\_\_  YES  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 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.

E-mail: \_\_\_\_\_

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

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

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