



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

KAWARTHA KENNEL CLUB

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

- | | | |
|--|----------------------------------|----------------------------------|
| Conformation | Baby Puppy | Listing Fee |
| July 7 - #1 <input type="checkbox"/> \$31.00 | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$11.30 |
| July 7 - #2 <input type="checkbox"/> \$31.00 | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$11.30 |
| July 8 - #3 <input type="checkbox"/> \$31.00 | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$11.30 |
| July 8 - #4 <input type="checkbox"/> \$31.00 | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$11.30 |

JULY 7 – SPECIALTY SHOW – CANADIAN NEAPOLITAN MASTIFF CLUB

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-ordered Catalogue - \$8

Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | |
|--|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Bred By Exhibitor |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Canadian Bred | |

Name of Dog _____

Check One and Enter Number Here

- C.K.C.Reg.No.
 C.K.C.ERN No.
 C.K..C.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 _____

Email / 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 / EMAIL SERVICES - VISA / Mastercard / Amex (450) 825-0894, diana@dess.ca

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____