



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

KILBRIDE & DISTRICT KENNEL CLUBMail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0

- ☐ Friday, August 5
☐ Saturday, August 6
☐ Sunday, August 7

I ENCLOSE \$

FOR TOTAL ENTRY FEES

Pre-ordered Catalogue ☐

Breed

Variety

Sex

Enter in the following classes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Sweeps 6-9 mths |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Sweeps 9-12 mths |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Sweeps 12-18 mths |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Owner/Handler Competition (Saturday) |
| <input type="checkbox"/> Canadian Bred | | <input type="checkbox"/> Owner/Handler Competition (Sunday) |

Reg.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

D____M____Y____

Is this a Puppy?

☐ 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 SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____