



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

ELGIN COUNTY KENNEL CLUB

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

Conformation

- Aug 28 - #1 \$32.00
- Aug 28 - #2 \$32.00
- Aug 29 - #3 \$32.00
- Aug 30 - #4 \$32.00

Baby Puppy

\$12.00

TCN Fee

- \$11.30
- \$11.30
- \$11.30
- \$11.30

I have read and agree to Covid-19
protocol. Signed Waiver to be
handed in at the gate

I ENCLOSE \$

FOR TOTAL ENTRY FEES

Pre-ordered Catalogue -

Breed

Variety

Sex

Enter in the following classes:

- Baby Puppy (Sun. only)
- Junior Puppy
- Senior Puppy
- 12-18 Months
- Canadian Bred
- Bred By Exhibitor
- Open
- Specials Only
- Exhibition Only

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.
- TCN #

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____