



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show: Keeshond Club of B.C.

SATURDAY, OCTOBER 6, 2018

Show Secretary: Arcticdreams Show Services Phone:780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 1-877-993-6879

Entry Fees \$_____ Listing Fees \$_____ Catalogue \$_____ P/F \$_____ Total \$_____

Breed:_____ Sex _____

Enter in the following classes)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Junior Puppy Male | <input type="checkbox"/> Junior Puppy Female | <input type="checkbox"/> Veterans Male | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Senior Puppy Male | <input type="checkbox"/> Senior Puppy Female | <input type="checkbox"/> Veterans Female | <input type="checkbox"/> () Altered Male |
| <input type="checkbox"/> 12 to 18 mth Male | <input type="checkbox"/> 12 to 18 mth Female | <input type="checkbox"/> Baby Puppy Male | <input type="checkbox"/> () Altered Female |
| <input type="checkbox"/> Canadian Bred Male | <input type="checkbox"/> Canadian Bred Female | <input type="checkbox"/> Baby Puppy Female | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Bred by Exhibitor Male | <input type="checkbox"/> Bred by Exhibitor | | |
| <input type="checkbox"/> Open Male | <input type="checkbox"/> Open Female | | |
| <input type="checkbox"/> Specials Only Male | <input type="checkbox"/> Specials Only Female | | |

Reg. Name of Dog_____

Please Check one and enter number here_____

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert No.
- CKC PEN No.

LISTED (No CKC/ERN No.)

Date of Birth M___ D_____ Y_____ Is this a puppy? Y___ N___ Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's

Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa MasterCard Amex

Card Number: _____

Expiry Date: _____/_____

Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____

Phone: _____ Email: _____