

 <p>Official Canadian Kennel Club Entry Form</p> <p>PICTOU COUNTY KENNEL CLUB</p>	Administrative use only
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Enter all 4 Shows for \$100	Baby Puppy Fee ___ x \$18.00 = _____	Entry fees: ___ x \$30.00 = _____	Listing Fees: ___ x \$ 11.50 = _____	Ex. Only: ___ x \$ 7.00 = _____	Catalog: ___ x \$ 10.00 = _____	Total: _____
<input type="checkbox"/> Show 1	<input type="checkbox"/> Show 2	<input type="checkbox"/> Show 3	<input type="checkbox"/> Show 4	<input type="checkbox"/> Catalog		

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION

<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 Month	<input type="checkbox"/> Altered
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> Veterans	

BREED	VARIETY	SEX
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NAME OF DOG

Check one & enter Reg # here ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ Listed	Date Of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___
Place Of Birth ___ Canada ___ Elsewhere		

BREEDER

SIRE

DAM

REG. OWNER

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
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AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
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Mail ID to: ___ OWNER or ___ AGENT

I CERTIFY that I am the registered owner(s) of this 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. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner _____ Phone Number _____ Email _____

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