



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM  
**ELGIN COUNTY KENNEL CLUB**  
 Mail to: Diana Edwards Show Services  
 1562 Route 203, Howick, QC J0S 1G0

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

**NAME OF SPECIALTY**

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I ENCLOSE \$ \_\_\_\_\_ FOR TOTAL ENTRY FEES

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

- |  |  |                                |  |
|--|--|--------------------------------|--|
| <input type="checkbox"/> Baby Puppy        | <input type="checkbox"/> Open            | <input type="checkbox"/> Brace | <input type="checkbox"/> Sweeps 6-9                  |
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Veterans        |                                | <input type="checkbox"/> Sweeps 9-12                 |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Specials Only   |                                | <input type="checkbox"/> Sweeps 12-18                |
| <input type="checkbox"/> 12-18 Months      | <input type="checkbox"/> Exhibition Only |                                |  |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Stud Dog        |                                | <input type="checkbox"/> Veteran Sweeps 7-9 yrs      |
| <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Brood Bitch     |                                | <input type="checkbox"/> Veteran Sweeps Over 9 years |

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 \_\_\_\_\_ 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](mailto:diana@dess.ca)**

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Security # \_\_\_\_\_