

Official Kennel Club Entry Form
 Hub City Kennel & Obedience Club
CONFORMATION ENTRY ONLY

Conformation

Fri. May 1 _____
 Sat. May 2 _____
 Sun. May 3 _____

Prepaid Catalogue \$12.00 _____ (\$15.00 at show)



Final Entries Close: Monday, April 13, 2020 9:00 PM. CST.

Early Bird \$80.00 (same dog, same class, all 3 shows until March 31st midnight CST) Conformation/Altered \$31. per show,
 Listing fees: \$10.50, Baby Puppy, Veteran or Brace \$15.00, Exhibition only: \$10.00, Sweepstakes \$15.00

ENTRY	LISTING	TOTAL
\$	\$	\$

BREED	VARIETY	SEX
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REGULAR CLASSES

- | | | |
|--|--|---|
| <input type="checkbox"/> Jr. Puppy | <input type="checkbox"/> 12 – 18 Months | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Sr. Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Juvenile Sweeps |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Veteran Sweeps |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Vet Sweeps Class _____ |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Altered | <input type="checkbox"/> Baby Puppy |

REGISTERED NAME

Check one ONLY	Enter Number	Date of Birth	Puppy
<input type="checkbox"/> CKC Reg. No.		Day Month Year	Yes <input type="checkbox"/>
<input type="checkbox"/> CKC ERN No.			No <input type="checkbox"/>
<input type="checkbox"/> CKC Misc, Cert No.			
<input type="checkbox"/> TCN		Place of Birth	
<input type="checkbox"/>		<input type="checkbox"/> Canada	<input type="checkbox"/> Elsewhere

Breeders: _____

Sire: _____

Dam: _____

Reg'd Owner (s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name(if any) _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail Confirmation To: Owner Agent

Owner/Agent Signature & Email _____

MAIL ENTRIES TO: Hub City Kennel & Obedience Club Inc., Box 338, Warren, MB R0C 3E0

VISA/MASTERCARD INFORMATION

VISA MASTERCARD

FAX ENTRIES TO: 204-237-0965

CARD NO. _____

EXPIRY DATE _____ / _____ / _____ NAME OF CARDHOLDER _____
 Month Year (Please print)

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) are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

Signature _____ Ph. No. _____ Email _____

PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOU YOUR CONFIRMATION OF ENTRY!

ONLINE ENTRIES ACCEPTED AT WWW.DOGSHOW.CA until 9:00 pm CST April 13, 2020

Fax entries to 204-237-0965. Note there is a 10% service charge if you use the fax service.