

Office Use Only



Official Entry Form
(ALL-BREED CONFORMATION SHOW)



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Mt. Cheam Canine Association

ENTRIES CLOSE: WEDNESDAY, Feb 6th, 2019 @ 9:00pm Pacific Time

Fri (Feb 22) ___ Sat (Feb 23) ___ Sun (Feb 24) ___

Cheques made payable to Mt. Cheam Canine Association
Mail to Classic Show Services P.O.Box 100 Fort Langley, B.C. V1M 2R4 (604)-845-9510
Online and fax entry information at www.dogshow.ca

Entry Fee \$ _____ Listing Fee \$ _____
Catalogue \$ _____ Total Enclosed \$ _____

| | | | | | |
|--|--|---|------------------------------------|--|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Brace | <input type="checkbox"/> BOH - Fri | Juvenile Sweepstakes (Sat): | |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Baby Puppy Class | <input type="checkbox"/> BOH - Sat | <input type="checkbox"/> 6-under 9mos | <input type="checkbox"/> 9-under 12mos |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Veteran Class | <input type="checkbox"/> BOH - Sun | Veteran Sweepstakes (Sat): Altered Sweepstakes (Sat) | |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Altered Class | | <input type="checkbox"/> 7 & under 10yrs | <input type="checkbox"/> 10+ yrs |
| | | | | <input type="checkbox"/> male | <input type="checkbox"/> female |

DOG INFORMATION *please print clearly*****

Breed _____ Variety _____ Male Female

Reg'd Name of Dog _____

CKC Reg # CKC Misc. # CKC ERN # LISTED Insert # Here _____

Date Of Birth _____ Place of Birth: Canada Elsewhere Yes No
Puppy: Yes No

Breeder(s) _____

Sire _____

Dam _____

OWNER / AGENT INFORMATION

Reg'd Owner(s) _____ Membership # _____

Agent _____

Owner's Address _____ Postal Code _____

| | | |
|---|----------------|--------------------------|
| <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express A service charge of 10% will be assessed. | | |
| Credit Card # _____ | Exp.Date _____ | Name of Cardholder _____ |

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 the consideration of the acceptance of this entry, I 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.

Signature of Owner/Agent _____ Ph.# () _____

Email Address (required) _____