



OFFICIAL CANADIAN KENNEL CLUB FORM  
**CONFORMATION**  
**ERIE SHORES KENNEL CLUB**

- Fri. JUNE 7, 2019
- Sat. JUNE 8, 2019
- Sun. JUNE 9, 2019
- Mon. JUNE 10, 2019

Entry Fees (\$32.00 per show) \$ \_\_\_\_\_  
 Listing Fees (\$11.30 per show) \$ \_\_\_\_\_  
 Exhibition Only (\$10.00) \$ \_\_\_\_\_  
 Baby Puppy/Veterans Sexually Altered (\$12.00 Monday) \$ \_\_\_\_\_  
 Brace (\$10.00 Friday) \$ \_\_\_\_\_  
 Sweepstakes (\$12.00 Monday) \$ \_\_\_\_\_  
 Pre-ordered Catalogue (\$15.00 each) \$ \_\_\_\_\_  
 TOTAL enclosed \$ \_\_\_\_\_

CLOSING DATE: 8 p.m.  
 Wednesday, May 22, 2019  
 Make fees payable to  
**ERIE SHORES KENNEL CLUB**  
 and mail to:  
 MJN Show Services  
 9 Samya Court  
 Scarborough, ON M1R 2A4

- LIMITED BREED SHOWS**
- Guardian Dogs - Friday
  - Draft Dogs - Saturday
  - Scent Hounds - Sunday
  - Group 1 - Monday

*Please type or print clearly*

Breed	Variety	Sex
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Enter in the following Classes:

<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12 - 18 Month <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Open	<input type="checkbox"/> Specials Only <input type="checkbox"/> Sexually Altered (Monday) <input type="checkbox"/> Baby Puppy (Monday) <input type="checkbox"/> Veterans (Monday) <input type="checkbox"/> Brace (Friday) <input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Sweepstakes (Monday) Class: _____ <input type="checkbox"/> Veteran Sweepstakes (Monday) Class: _____ <input type="checkbox"/> Owner-Handler Competition (Monday)
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Reg. Name of Dog \_\_\_\_\_

Check One – and – Enter Number here  <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> Listed	Date of Birth D _____ M _____ Y _____  Is this a puppy? YES ___ NO ___	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
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Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City	Prov.	Code
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Name of Owner's Agent (if any) at the Show \_\_\_\_\_

Agent's Address \_\_\_\_\_

City	Prov.	Code
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Mail I.D. to  Owner or  Agent Email \_\_\_\_\_

**FAX/CREDIT CARD ENTRIES**

Amer Express  Mastercard  VISA Card No. \_\_\_\_\_ Expiry \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_