



OFFICIAL CANADIAN KENNEL CLUB FORM
HOCHELAGA KENNEL CLUB

Mail to: Diana Edwards Show Services
 1562 Route 203, Howick, Qc J0S 1G0

CONFORMATION

Fri. May 17#1 \$32.00
 Fri. May 17#2 \$32.00
 Sat. May 18 \$32.00
 Sun May 19 \$32.00

BABY PUPPY

\$20.00
 \$20.00
 \$20.00
 \$20.00

LISTING FEES

\$10.50
 \$10.50
 \$10.50
 \$10.50

Total: \$ _____ Entry Fees: \$ _____ Listing Fees: \$ _____ Catalogue: \$10.00

Breed _____ Variety _____ Sex _____

Enter in the following classes:

- Baby Puppy Canadian Bred Exhibition Only
 Junior Puppy Bred by Exhibitor
 Senior Puppy Open
 12-18 Months Specials Only

Reg.Name of Dog _____

Check One and Enter Number Here

- CKC Reg.No. Date of Birth _____ Is this a Puppy? YES NO
 CKC ERN No. D ___ M ___ Y ___
 CKC Misc.Cert.No. Place of Birth _____
 Listed (no C.K.C.No.) 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 _____

Mail / email I.D. to:

- Owner
 Agent

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NUMBER _____

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 SERVICES - VISA - MASTERCARD - AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____