



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM  
BATTLE RIVER CANINE ASSOCIATION**



Mail Entries to: Arcticdreams Show Services  
Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0  
Make cheques payable to: **Battle River Canine Association**  
Show dates: **Entries Close Wednesday, March 6, 2019 @ 10:00 p.m.**

Entry Fees \$ \_\_\_\_\_ + Listing Fees \$ \_\_\_\_\_ + Pre-paid Catalogue \$ \_\_\_\_\_ = **TOTAL \$** \_\_\_\_\_

**PLEASE PRINT OR TYPE CLEARLY**

<b>Conformation</b>	<b>Obedience</b>	<b>Rally Obedience</b>
_____ Friday	_____ Friday	_____ Friday
_____ Saturday	_____ Saturday	_____ Saturday
_____ Sunday	_____ Sunday	_____ Sunday

**Enter in the Following Classes**

Conformation Classes		Sweepstakes Classes	Obedience Classes		Rally Classes	
_____ Baby Puppy	_____ Bred By Exhibitor	_____ Baby Puppy	_____ Pre-Novice	_____ Open HA	_____ Novice A	_____ Advanced B
_____ Junior Puppy	_____ Open	_____ Junior Puppy	_____ Novice A	_____ Open HB	_____ Novice B	_____ Excellent A
_____ Senior Puppy	_____ Specials	_____ Senior Puppy	_____ Novice B	_____ Open 18A	_____ Intermediate	_____ Excellent B
_____ 12 - 18 Month	_____ Veterans	_____ 12 - 18 Month	_____ Novice C	_____ Open 18B	_____ Advanced A	_____ Masters
_____ Canadian Bred	_____ Brace		_____ Intermediate	_____ Utility A		
			Novice	_____ Utility B		

_____ Exhibition Only	_____ Exhibition Only (3-6 Month)	<b>JUMP HEIGHT</b>
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<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Reg. Name of Dog (CKC Titles ONLY please)**

<b>Check one &amp; Enter CKC Number:</b> <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No.	<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.)	<b>DOB</b> ____/____/____ Day Month Year	<b>On the show Date is this a PUPPY?</b> ____ YES ____ NO
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**NUMBER:** \_\_\_\_\_ **PLACE OF BIRTH**  CANADA  ELSEWHERE

**BREEDER(S)**

**SIRE**

**DAM**

**REG. OWNER(S)**

**OWNER(S) ADDRESS**

**CITY:** \_\_\_\_\_ **PROV./STATE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **CKC Membership #** \_\_\_\_\_

**NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW**

**AGENT'S ADDRESS**

**CITY:** \_\_\_\_\_ **PROV./STATE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION**

**Email Address to send confirmation to**

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX

**Card No.** \_\_\_\_\_ **EXPIRY** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CARDHOLDERS NAME (PLEASE PRINT)** \_\_\_\_\_

**AUTHORIZATION & GENERAL AGREEMENT**

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list. I will allow a photograph of my dog or myself on the AKC Website.

**Signature of Owner, Agent, Handler: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature of parent/guardian is required for children under 18 years*