



OFFICIAL CANADIAN KENNEL CLUB FORM
SPECIALTY CONFORMATION ENTRY FORM

CALEDON KENNEL ASSOCIATION

CLOSING DATE: 8 P.M. (EST) – WEDNESDAY, NOVEMBER 14, 2018

Make fees payable to **Caledon Kennel Association** and mail to:

MJN Show Services
9 Samya Court
Scarborough, ON M1R 2A4

Entry fee	\$32.00	_____
Listing fee	\$11.30	_____
Sweepstakes	\$15.00	_____
Altered	\$32.00	_____
Baby Puppy	\$15.00	_____
Non-Regular	\$10.00	_____
Unofficial	\$10.00	_____
Exhibition Only	\$10.00	_____
Catalogue (pre-order)	\$10.00	_____
TOTAL		_____

SUNDAY, DECEMBER 2, 2018

- | | |
|---|--|
| <input type="checkbox"/> GREAT DANE CLUB OF ONTARIO | <input type="checkbox"/> MINIATURE POODLE CLUB OF ONTARIO |
| <input type="checkbox"/> DOBE ASSOCIATION | <input type="checkbox"/> SHIH TZU FANCIERS OF SOUTHERN ONTARIO |
| <input type="checkbox"/> SAMOYED CLUB OF ONTARIO | |
| <input type="checkbox"/> LAKESIDE TOY DOG FANCIERS | |
| <input type="checkbox"/> BULLDOG CLUB OF CANADA | |

<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	NON-REG. CLASSES	SWEEPSTAKES
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Baby Puppy (<i>Bulldogs</i>)	<input type="checkbox"/> Class: _____
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Stud Dog	VETERANS SWEEPS
<input type="checkbox"/> 12-15 Months	<input type="checkbox"/> Veterans	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> Class: _____
<input type="checkbox"/> 15-18 Months	Class: _____	<input type="checkbox"/> Brace	<input type="checkbox"/> Catalogue
<input type="checkbox"/> Open	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only	<i>Please consult individual specialties for classes offered.</i>
Colour: _____	<input type="checkbox"/> Sexually Altered		

Breed	Variety/Colour	Sex
-------	----------------	-----

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. (MCN) No. _____ <input type="checkbox"/> Listed (MCN BREEDS CANNOT ENTER AS LISTED)	Date of Birth D _____ M _____ Y _____	Is this a puppy? YES ___ NO ___
	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
------	-------	------

Name of Owner's Agent (if any)
at the Show _____

Agent's Address _____

City	Prov.	Code
------	-------	------

Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES	
<input type="checkbox"/> Amer Express <input type="checkbox"/> Mastercard <input type="checkbox"/> 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. I assume full responsibility for confirming receipt of all emailed entries with the Show Secretary.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.