



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

SOCIÉTÉ CANINE DE THETFORD

Conformation

- Saturday May 25th AM
- Saturday May 26th PM
- Sunday May 26th AM
- Sunday May 26th PM

MAIL TO :

Pascale Pontois
 1890, Rg des Chutes
 Ste Ursule (Qc), J0K 3M0

- Catalog \$8.00 (pre-ordered only)

ENTRIES CLOSE : MAY 8TH, 9:00PM

BREED		VARIETY	SEX
CONFORMATION <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Special Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Exhibition Only			
REG. NAME OF DOG			
CHECK ONE <input type="checkbox"/> CKC REG. NO <input type="checkbox"/> CKC MISC. CERT. NO <input type="checkbox"/> CKC ERN NO <input type="checkbox"/> LISTED ENTER NUMBER HERE _____		DATE OF BIRTH D M Y	PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> 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.	PC
NAME OF OWNER'S AGENT			
AGENT'S ADDRESS			
CITY		PROV	PC
MAIL I.D. TO <input type="checkbox"/> OWNER OR <input type="checkbox"/> AGENT			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Verifi Number Rear _____ CARD # _____ EXPIRY ____/____			
CARD HOLDER NAME _____			

I 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.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.