



# OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



## Conformation Show: English Setter Club of Canada National Specialty

Sunday September 1, 2019

Show Secretary: Arcticdreams Show Services Phone:780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 1-877-993-6879

Entry Fees \$\_\_\_\_\_ Listing Fees \$\_\_\_\_\_ Catalogue \$\_\_\_\_\_ P/F \$\_\_\_\_\_ Total \$\_\_\_\_\_

Breed: English Setter Sex \_\_\_\_\_

Enter in the following classes)		
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Veterans	<input type="checkbox"/> Sweepstakes Juvenile 6-9__9-12__12-18__
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Sweepstakes Veterans 7-10 __10+_____
<input type="checkbox"/> 12 to 18 mths	<input type="checkbox"/> Brace	<input type="checkbox"/> Banquet \$30 [ ]meat [ ]vegetarian option
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Stud Dog and Get	
<input type="checkbox"/> Open	<input type="checkbox"/> Bitch and Progeny	
<input type="checkbox"/> Specials Only		

Reg. Name of Dog\_\_\_\_\_

Please Check one and enter number here\_\_\_\_\_

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert No.
- CKC PEN No. [ ]

LISTED (No CKC/ERN No.)

Date of Birth M\_\_\_ D\_\_\_\_\_ Y\_\_\_\_\_ Is this a puppy? Y\_\_\_ N\_\_\_ Place of Birth Canada [ ] Elsewhere [ ]

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

Owner's

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Owner's Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mail to: [ ] Owner [ ] Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa  MasterCard [ ]Amex

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder Name: (Print) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Conformation Show: English Setter Club of Canada Regional Specialty**



**Saturday August 31, 2019**

Show Secretary: Arcticdreams Show Services Phone:780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 1-877-993-6879

Entry Fees \$\_\_\_\_\_ Listing Fees \$\_\_\_\_\_ Catalogue \$\_\_\_\_\_ P/F \$\_\_\_\_\_ Total \$\_\_\_\_\_

Breed: English Setter Sex \_\_\_\_\_

Enter in the following classes)		
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Veterans	<input type="checkbox"/> Sweepstakes Juvenile 6-9__9-12__12-18__
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Sweepstakes Veterans 7-10 ____10+_____
<input type="checkbox"/> 12 to 18 mths	<input type="checkbox"/> Stud Dog and Get	<input type="checkbox"/> BBQ \$5.00
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Bitch and Progeny	
<input type="checkbox"/> Open	<input type="checkbox"/> Baby Puppy	
<input type="checkbox"/> Specials Only		

Reg. Name of Dog\_\_\_\_\_

Please Check one and enter number here \_\_\_\_\_

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert No.
- CKC PEN No.

LISTED (No CKC/ERN No.)

Date of Birth M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_\_ Is this a puppy? Y\_\_\_\_ N\_\_\_\_ Place of Birth Canada  Elsewhere

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

Owner's

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Owner's Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mail to:  Owner  Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa  MasterCard  Amex

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: (Print) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_