



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Lethbridge and District Kennel Club

Mail Entries to: Erin Verwey, 243 Mahogany Landing SE Calgary, AB T3M 1X4

Make cheques payable to: Lethbridge and District Kennel Club

Show dates: Nov 19 - 21, 2021

Entries Close 10pm MST November 3, 2021



Entry Fees \$ _____ + TCN Fees \$ _____ + Pre-paid Catalogue \$ _____ = TOTAL \$ _____

PLEASE PRINT OR TYPE CLEARLY

Conformation ____ Friday Show #1 ____ Friday Show #2 ____ Saturday ____ Sunday	Obedience ____ Friday ____ Saturday ____ Sunday	Rally Obedience ____ Friday ____ Saturday ____ Sunday
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Enter in the Following Classes

Conformation Classes		Sweepstakes (Sat)	Obedience Classes		Rally Classes	
____ Baby Puppy (Sat/Sun)	____ 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 (Sat/Sun)	____ 12 - 18 Month	____ Novice C	____ Open 18B	____ Advanced A	____ Masters
____ Canadian Bred			____ Intermediate	____ Utility A		
			____ Novice	____ Utility B		

____ Exhibition Only ____ Exhibition Only (4-6 Month)

JUMP HEIGHT

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reg. Name of Dog (CKC Titles ONLY please)

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