



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Conformation Show: Poodle Specialty Club of BC**  
**Sunday October 7, 2018**



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: **Poodle** Type \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Junior Puppy Male      | <input type="checkbox"/> Junior Puppy Female  | <input type="checkbox"/> Veterans Male     |
| <input type="checkbox"/> Senior Puppy Male      | <input type="checkbox"/> Senior Puppy Female  | <input type="checkbox"/> Veterans Female   |
| <input type="checkbox"/> 12 to 18 mths Male     | <input type="checkbox"/> 12 to 18 mths Female | <input type="checkbox"/> Exhibition Only   |
| <input type="checkbox"/> Canadian Bred Male     | <input type="checkbox"/> Canadian Bred Female | <input type="checkbox"/> Stud Dog and Get  |
| <input type="checkbox"/> Bred by Exhibitor Male | <input type="checkbox"/> Bred by Exhibitor    | <input type="checkbox"/> Bitch and Progeny |
| <input type="checkbox"/> Open Male              | <input type="checkbox"/> Open Female          | <input type="checkbox"/> Brace             |
| <input type="checkbox"/> Specials Only Male     | <input type="checkbox"/> Specials Only Female | <input type="checkbox"/> Altered           |

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: \_\_\_\_\_