



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

**WILDWOOD KENNEL CLUB**

Mail to: Diana Edwards Show Services  
1562 Route 203, Howick, QC J0S 1G0

Conformation	Baby Puppy	TCN Fee	Limited Breed Shows
Fri Oct 9 <input type="checkbox"/> \$34.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Oct 9 - Limited Group 3
Sat Oct 10 <input type="checkbox"/> \$34.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Oct 10 - European Breeds
Sun Oct 11 <input type="checkbox"/> \$34.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Oct 11 - UK Breeds
Mon Oct 12 <input type="checkbox"/> \$34.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Oct 12 - Limited Group 1

I ENCLOSE \$ \_\_\_\_\_ FOR TOTAL ENTRY FEES Pre-ordered Catalogue

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Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

- |  |  |
|--|--|
| <input type="checkbox"/> Baby Puppy    | <input type="checkbox"/> Bred by Exhibitor |
| <input type="checkbox"/> Junior Puppy  | <input type="checkbox"/> Open              |
| <input type="checkbox"/> Senior Puppy  | <input type="checkbox"/> Specials Only     |
| <input type="checkbox"/> 12-18 Months  | <input type="checkbox"/> Exhibition Only   |
| <input type="checkbox"/> Canadian Bred |  |

Name of Dog \_\_\_\_\_

Check One and Enter Number Here

- C.K.C.Reg.No.  
 C.K.C.ERN No.  
 C.K..C.Misc.Cert.No.  
 TCN (no C.K.C.No.)

Date of Birth \_\_\_\_\_ Is this a Puppy?  
D \_\_\_ M \_\_\_ Y \_\_\_  YES  NO

Place of Birth  
 Canada  Elsewhere

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner(s) Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email / Mail I.D.to

- Owner.  
 Agent

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

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.

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

**VISA / Mastercard / Amex (450) 825-0894**

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Security # \_\_\_\_\_