



**OFFICIAL CANADIAN KENNEL CLUB FORM  
THOUSAND ISLANDS KENNEL & OBEDIENCE CLUB**

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

Conformation	Rally	Obedience
( ) Fri. Aug. 17 #1	( ) Fri. Aug 17 #1	( ) Sat. Aug 18 #1
( ) Fri. Aug. 17 #2	( ) Fri. Aug 17 #2	( ) Sun. Aug 19 #2
( ) Sat. Aug. 18	( ) Sat. Aug. 18 #3	( ) Sun. Aug 19 #3
( ) Sun. Aug. 19		

Total: \$	Entry Fees: \$	Listing Fees: \$	Catalog: \$
Breed		Variety	Sex

Enter in the following classes:

<input type="checkbox"/> Baby Puppy (Sat/Sun)	<input type="checkbox"/> Open	<input type="checkbox"/> Nov. A	<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Open HA
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Nov. B	<input type="checkbox"/> Novice A	<input type="checkbox"/> Open 18A
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Brace (Sat)	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Novice B	<input type="checkbox"/> Open HB
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Veterans (Sat)	<input type="checkbox"/> Adv. A	<input type="checkbox"/> Novice C	<input type="checkbox"/> Open 18B
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Altered (Sat/Sun)	<input type="checkbox"/> Adv. B	<input type="checkbox"/> Nov. Intern.	<input type="checkbox"/> Utility A
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Exc. A		<input type="checkbox"/> Utility B
		<input type="checkbox"/> Exc. B Jumps: Rally _____	Obedience: _____	
		<input type="checkbox"/> Master		

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

Check One and Enter Number Here

CKC Reg. No.  
 CKC ERN No.  
 CKC Misc. Cert. No.  
 CKC PEN No.  
 CKC CCN No.  
 Listed (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 \_\_\_\_\_

Mail I.D. to:  
 Owner  
 Agent

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

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: \_\_\_\_\_

**FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894**

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

Name of Card Holder: \_\_\_\_\_ **Security Code** \_\_\_\_\_