



OFFICIAL CANADIAN KENNEL CLUB FORM

# CONFORMATION

## Aurora & District Kennel Club

All Breed:  Saturday, November 20, 2021  Sunday, November 21, 2021

Limited:  Saturday, November 20, 2021 (GROUP 1 – SPORTING)  Sunday, November 21, 2021 (INDIGENOUS BREEDS)

**CLOSING DATE: 8 P.M. (EST)  
TUESDAY, NOVEMBER 9, 2021**

Make fees payable to  
**Aurora & District Kennel Club**

and mail to:

MJN Show Services  
33 Devonglen Drive  
Kitchener, ON N2E 1Z6

*Please type or print clearly*

Entry Fees (\$38)	\$ _____
TCN Listing Fees (\$11.30)	\$ _____
Baby Puppy (\$12)	\$ _____
Exhibition Only (\$10/day)	\$ _____
Pre-Ordered Catalogue (\$10)	\$ _____
TOTAL enclosed	\$ _____

Breed _____	Variety _____	Sex _____
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Enter in the following Classes:

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

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

Check One:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> CKC Reg. No. | <input type="checkbox"/> CKC MCN |
| <input type="checkbox"/> CKC ERN      | <input type="checkbox"/> CKC TCN |

Date of Birth

D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Is this a puppy?

YES \_\_\_ NO \_\_\_

Enter Number Here: \_\_\_\_\_

Place of Birth

- |                                 |                                    |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> Canada | <input type="checkbox"/> Elsewhere |
|---------------------------------|------------------------------------|

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

Sire \_\_\_\_\_

Dam \_\_\_\_\_

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

Owner's Address \_\_\_\_\_

City \_\_\_\_\_

Prov. \_\_\_\_\_

Code \_\_\_\_\_

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

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

City \_\_\_\_\_

Prov. \_\_\_\_\_

Code \_\_\_\_\_

Mail I.D. to  Owner or  Agent Email \_\_\_\_\_

### FAX/CREDIT CARD ENTRIES

Am Express  Mastercard  VISA Card No. \_\_\_\_\_ Expiry \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

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

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