



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Trillium Dog Fanciers (Specialty Entry Form)

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

Specialty Entry: _____

Name of Specialty Club

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES

Breed	Variety	Sex
Enter in the following classes:	<input type="checkbox"/> Altered	<input type="checkbox"/> Sweeps 3-6 <input type="checkbox"/> Vet.Sweeps 7-9
<input type="checkbox"/> Baby Puppy <input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Sweeps 6-9 <input type="checkbox"/> Vet.Sweeps 9+
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> Sweeps 9-12 <input type="checkbox"/> Vet.Sweeps 9-11
<input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open	<input type="checkbox"/> Brace	<input type="checkbox"/> Sweeps 12-18 <input type="checkbox"/> Vet.Sweeps 11+
<input type="checkbox"/> 12-15 Months <input type="checkbox"/> Veterans	<input type="checkbox"/> Team	<input type="checkbox"/> Sweeps 18-24
<input type="checkbox"/> 15-18 Months <input type="checkbox"/> Specials Only	<input type="checkbox"/> Parade of Vets <input type="checkbox"/> Field Dog	
<input type="checkbox"/> 12-18 Months <input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Parade of Titleholders <input type="checkbox"/> Field Bitch	

Reg.Name of Dog _____

Check One and Enter Number Here	Date of Birth	Is this a Puppy?
<input type="checkbox"/> C.K.C.Reg.No.	D ___ M ___ Y ___	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> C.K.C.ERN No.		
<input type="checkbox"/> C.K.C.Misc.Cert.No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> 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 / email 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: _____

FAX SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____