



**LRCM/RCLE
WC/WCI/WCX 2020**

Closing: Monday, July 20, 2020
Enter Classes/Dates in Fields Below

**WC/WCI/WCX
Sat/Sun, July 25/26, 2020**

EVENT INFORMATION

FEES: Entry Fee \$ _____ Listing Fee \$ _____ Total Enclosed \$ _____

TEST ENTERED: WC WCI WCX

DOG INFORMATION

Registered Name of Dog: _____

Breed: _____ Variety: _____ Male Female

CKC Registration # CKC Miscellaneous # CKC ERN #

Listed

Insert Number Here: _____

CKC PEN #

dd mm yy

Date of Birth: _____ Place Of Birth: Canada Elsewhere

Breeder(s): _____

Sire: _____

Dam: _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s):

_____ Membership No. _____

_____ Membership No. _____

_____ Membership No. _____

Handler: _____

Owner's Address: _____

Street Address City Province Postal Code

Name of Agent (if any): _____

Agent's Address: _____

Street Address City Province Postal Code

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in 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.

Signature of Owner or Agent

(_____) _____
Telephone Number

Email



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