



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show: B.C. Cocker Spaniel Club Regional

Sunday, October 13, 2019

Show Secretary: Arcticdreams Show Services Phone:780-814-3665

Comp 56 Site 11 RR 2 Sexsmith Alberta Fax: 1-877-993-6879

Entry Fees \$_____ Listing Fees \$_____ Catalogue \$_____ P/F \$_____ Total \$_____

Breed:_____ Variety:_____ Sex _____

Enter in the following classes)

- | | | |
|--|--|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open Black | <input type="checkbox"/> Baby Puppy |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open Ascob | <input type="checkbox"/> Stud Dog and Get <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> 12 to 18 mths | <input type="checkbox"/> Open Parti | <input type="checkbox"/> Brood Bitch and Progeny |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Open Solid | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Veterans | |
| | <input type="checkbox"/> Specials Only | |

SWEEPSTAKES CLASSES (must be entered in a regular class or exhibition only),

__ 3 to 6 mos /__ 6 to 9 mos/__ 9 to 12 mos/__ 12 to 18 mos

Reg. Name of Dog_____

Please Check one and enter number here_____

- CKC Reg. No. CKC ERN No.
 CKC Misc. Cert No. CKC PEN No. LISTED (No CKC/ERN No.)

Date of Birth M__ D__ Y__ Is this a puppy? Y__ N__ Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner:_____

Owner's

Address:_____

City:_____ Prov:_____ Postal Code:_____

Name of Owner's Agent:_____

Agent's

Address:_____

City:_____ Prov:_____ Postal Code:_____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa MasterCard Amex

Card Number:_____

Expiry Date:_____/____/_____

Cardholder Name: (Print)_____

Cardholder Signature:_____

Signature of Owner/Agent: _____

Phone:_____ Email:_____