



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

SOCIÉTÉ CANINE DE THETFORD INC.

Conformation

- Saturday May 27th AM
- Saturday May 27th PM
- Sunday May 28th AM
- Sunday May 28th PM

Obedience

-
-
-
-

MAIL TO :

Pascale Pontois
 1890, Rg des Chutes
 Ste Ursule (Qc), J0K 3M0

- Catalog \$8.00 (pre-ordered only)

ENTRIES CLOSE : MAY 10TH, 9:00PM

BREED	VARIETY	SEX				
<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">CONFORMATION</td> <td style="width: 50%; text-align: center;">OBEDIENCE</td> </tr> <tr> <td> <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Special Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Exhibition Only </td> <td> Novice A <input type="checkbox"/> B <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open A <input type="checkbox"/> B <input type="checkbox"/> Novice C <input type="checkbox"/> Utility A <input type="checkbox"/> B <input type="checkbox"/> Novice Int. <input type="checkbox"/> Jump heights _____ </td> </tr> </table>			CONFORMATION	OBEDIENCE	<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Special Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Exhibition Only	Novice A <input type="checkbox"/> B <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open A <input type="checkbox"/> B <input type="checkbox"/> Novice C <input type="checkbox"/> Utility A <input type="checkbox"/> B <input type="checkbox"/> Novice Int. <input type="checkbox"/> Jump heights _____
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REG. NAME OF DOG						
CHECK ONE <input type="checkbox"/> CKC REG. NO <input type="checkbox"/> CKC MISC. CERT. NO <input type="checkbox"/> CKC ERN NO <input type="checkbox"/> LISTED ENTER NUMBER HERE _____	DATE OF BIRTH	PUPPY?				
	D M Y	<input type="checkbox"/> YES <input type="checkbox"/> NO				
		PLACE OF BIRTH				
		<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE				
BREEDER(S)						
SIRE						
DAM						
REG'D OWNER(S)						
OWNER'S ADDRESS						
CITY	PROV.	PC				
NAME OF OWNER'S AGENT						
AGENT'S ADDRESS						
CITY	PROV	PC				
MAIL I.D. TO <input type="checkbox"/> OWNER OR <input type="checkbox"/> AGENT						
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Verifi Number Rear _____ CARD # _____ EXPIRY ____/____ CARD HOLDER NAME _____						

I 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.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.