



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show: Boxer ClubOf Canada

October 13, 2019



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

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

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

Breed:_____ Sex _____

Enter in the following classes)

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <u>Sweepstakes</u> | |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> 3-6 Months | <input type="checkbox"/> 7-9 Years |
| <input type="checkbox"/> 12 to 15 mths | <input type="checkbox"/> Veterans | <input type="checkbox"/> 6-9 Months | <input type="checkbox"/> 9-12Years |
| <input type="checkbox"/> 15 to 18 mths | <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> 9-12 Months | <input type="checkbox"/> 12 Years+ |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Stud Dog and Get | <input type="checkbox"/> 12-18 Months | |
| | <input type="checkbox"/> Bitch and Progeny | | |
| | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Exhibition Only (3-6 months) | |

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: _____