

OFFICIAL CANADIAN KENNEL CLUB FORM

THE ST. FRANCIS KENNEL & OBED.CLUB

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

OWNER HANDLED - Samedi / Saturday

	5 - Trial # 1 (5 - Trial # 2 (6 - Trial # 3 (6 - Trial # 4 (\$8.00 (sting Fees: \$) Sat. June) Sun.June) Sun.June	15 - Trial # 1 15 - Trial # 2 16 - Trial # 3 16 - Trial # 4 alogue: \$
Breed	Variety		Sex
Enter in the following classes: Junior Puppy Senior Puppy Specials Only 12-18 Months Canadian Bred Bred by Exhibitor Baby Puppy Reg.Name of Dog	☐ Novice B ☐	Open 18B Utility A	☐ Novice A ☐ Novice B ☐ Intermediate ☐ Adv. A ☐ Adv. B ☐ Exc A ☐ Exc.B ☐ Master Rally Jump:
Reg.Name of Dog			
Check One and Enter Number Here CKC Reg.No. CKC ERN No.	Date of E DM_	Y	s this a Puppy?
☐ CKC Misc.Cert.No. ☐ Listed (no C.K.C.No.) ☐ CKC PEN No ☐ CKC CCN No.		Place of Canada	f Birth Blsewhere
Breeder(s)			
Sire			
Dam			
Reg'd Owner(s)			
Owner(s) Address			
City	Prov.	Po	stal Code
Name of Owner's Agent (if any) at the Show			
Agent's Address			
City	Prov.	Po	stal Code
Mail / email I.D. to: ☐ Owner ☐ Agent		75.5	
I Owner I Agent SIGNATURE OF (I certify that I am the registered owner(s) of the dog or the have entered above and accept full responsibility for all so this entry, (Iwe) agree to be bound by the rules and rerules and regulations appearing in the premium list.	OWNER OR AGEN I at I am the authorized age statements made in this ergulations of the Canadian	I ELEF ent of the owner(entry. In consider Kennel Club an	PHONE NUMBER s) whose name(s) I ation of the acceptance d by any additional
Email:			
VISA / Mastercard / Amex – Fax: (450) 825-0894 or email: diana@dess.ca			
Card number:	Ex	piry date	
Name of Card Holder:	Security Code		