

FORT GARRY KENNEL CLUB



Sat., Oct. 09, 2010 _____ W.A.M.M. Specialty
Sun., Oct. 10, 2010 _____ Sun., Oct. 10, 2010 _____
Mon., Oct. 11, 2010 _____

Entries close Monday Sept. 20 2010 at 9:00 p.m. C.D.T.
Entry Fees: (per dog per show) \$25.00 Listing Fee: \$8.50
Ex. Only \$8.00 Pre-Ordered Catalogue \$6.00

I enclose \$ _____ entry fees \$ _____ listing fees \$ _____ catalogue/TOTAL \$: _____

Please type or print clearly

Breed	Variety	Sex
Enter in the following Classes:		
<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 Month	<input type="checkbox"/> Specials Only _____	_____
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only _____	_____

Reg. Name of Dog

Check One and Enter Number here

- CKC Reg. No.
- CKC ERN No,
- CKC Misc. Cert. No.
- Listed

Date of Birth	Is this a Puppy
D _____ M _____ Y _____	Yes No
Place of Birth	
<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) _____

Sire _____

Dam _____

Req'd Owner(s) _____

Owner's Address _____ il _____

City _____ Prov _____ Postal Code _____

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail I.D. to Owner or Agent EMAIL _____

FAX ENTRIES ONLY

Visa _____ Mastercard _____ Card No. _____ Expiry _____/_____/_____

Name of Card Holder _____

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent for the owner(s) whose name(s) I have entered above and 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 Number _____

FORT GARRY KENNEL CLUB



Sat. Oct. 09 Obed. Trial 1 _____ Sat. Oct. 09 Obed. Trial 2 _____
Sun. Oct. 10 Obed. Trial 3 _____ Sun. Oct. 10 Obed. Trial 4 _____
Sun. Oct. 10. Rally Trial 1 _____ Sun. Oct. 10 Rally Trial 2 _____
Mon. Oct. 11 Rally Trial 3 _____ Mon Oct. 11 Rally Trial 4 _____

Entry Fees: (per dog per trial) \$25.00 Listing Fee: \$8.50

I enclose \$ _____ entry fees \$ _____ listing fees \$ _____ catalogue/TOTAL \$: _____

Please type or print clearly

Breed	Variety	Sex
Enter in the following Obed. Classes:		
<input type="checkbox"/> Novice A	<input type="checkbox"/> Utility	<input type="checkbox"/> Novice A <input type="checkbox"/> Excellent A
<input type="checkbox"/> Novice B	<input type="checkbox"/> Pre Novice	<input type="checkbox"/> Novice B <input type="checkbox"/> Excellent B
<input type="checkbox"/> Open A	<input type="checkbox"/> Novice C	<input type="checkbox"/> Advanced A
<input type="checkbox"/> Open B	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Advanced B
Rally Classes		
		Jumps: Obed Rally
		Height _____
		Width _____

Reg. Name of Dog

Check One and Enter Number here

- CKC Reg. No.
- CKC ERN No,
- CKC PEN No CKC Misc. Cert. No
- Listed

Date of Birth	Is this a Puppy
D _____ M _____ Y _____	Yes No
Place of Birth	
<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) _____

Sire _____

Dam _____

Req'd Owner(s) _____

Owner's Address _____

City _____ Prov _____ Postal Code _____

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail I.D. to Owner or Agent EMAIL _____

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Signature of Owner or Agent _____ Telep _____ Telephone Number _____