

**Camping** with Hydro \_\_\_\_\_ nights No Hydro \_\_\_\_\_ nights**SPECIALTY SHOW** **Pomeranian Club of Ontario – Saturday, June 23, 2018**

I ENCLOSE \$ \_\_\_\_\_ FOR TOTAL ENTRY FEES

Breed \_\_\_\_\_

Variety \_\_\_\_\_

Sex \_\_\_\_\_

Enter in the following classes:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Baby Puppy    | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Brace       |
| <input type="checkbox"/> Junior Puppy  | <input type="checkbox"/> Open              | <input type="checkbox"/> Stud Dog    |
| <input type="checkbox"/> Senior Puppy  | <input type="checkbox"/> Veterans          | <input type="checkbox"/> Brood Bitch |
| <input type="checkbox"/> 12-18 Months  | <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

Date of Birth

Is this a Puppy?

 C.K.C.Reg.No.

D. \_\_\_\_\_ M. \_\_\_\_\_ Y. \_\_\_\_\_

 YES  NO C.K.C.ERN No. C.K.C.Misc.Cert.No.

Place of Birth

 Listed (noC.K.C.No.) Canada  Elsewhere C.K.C.PEN No C.K.C.CCN No

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'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 / email I.D.to

 Owner. Agent

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

I certify that I am the registered owner(s) of the dog or that I am the authorized agent of 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.

Email: \_\_\_\_\_

**FAX SERVICES - VISA / Mastercard / Amex (450) 825-0894**

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ **Security Code** \_\_\_\_\_