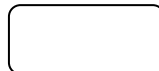




OFFICIAL CANADIAN KENNEL CLUB FORM  
**ARNPRIOR CANINE ASSOCIATION**

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



	Conformation	Baby Puppy	Exhibition Only	Listing Fee
MAY 11 #1	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30
MAY 11 #2	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30
MAY 12	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30
MAY 13	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30

Total Fees: \$  Pre-Ordered Catalogue - \$8.00

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

- Baby Puppy     Canadian Bred     Exhibition Only  
 Junior Puppy     Bred by Exhibitor  
 Senior Puppy     Open  
 12-18 Months     Specials Only

Reg.Name of Dog \_\_\_\_\_

Check One and Enter Number Here

- CKC Reg.No.  
 CKC ERN No.  
 CKC Misc.Cert.No.  
 Listed (no C.K.C.No.)

Date of Birth  
 D \_\_\_ M \_\_\_ Y \_\_\_

Is this a Puppy?  
 YES NO

Place of Birth  
 Canada Elsewhere

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 \_\_\_\_\_

Email I.D. to:

- Owner  
 Agent

NUMBER \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_

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.

E-mail: \_\_\_\_\_

**FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894**

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

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