



ONTARIO COUNTY KENNEL CLUB

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

- | | | |
|--|----------------------------------|----------------------------------|
| Conformation | Baby Puppy | Listing Fee |
| June 8-#1 <input type="checkbox"/> \$32.00 | | <input type="checkbox"/> \$11.30 |
| June 8-#2 <input type="checkbox"/> \$32.00 | | <input type="checkbox"/> \$11.30 |
| June 9 <input type="checkbox"/> \$32.00 | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$11.30 |
| June 10 <input type="checkbox"/> \$32.00 | <input type="checkbox"/> \$15.00 | <input type="checkbox"/> \$11.30 |

J ENCLOSE \$ FOR TOTAL ENTRY FEES Pre-Ordered Catalogue

Breed	Variety	Sex
<hr/>		
Enter in the following classes:		
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Sweeps 6-9
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Sweeps 9-12
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Sweeps 12-18
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Vet Sweeps 7-9
<input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Vet Sweeps 9-11
		<input type="checkbox"/> Vet Sweeps 11+

Reg.Name of Dog

Check One and Enter Number Here	Date of Birth	Is this a Puppy?
<input type="checkbox"/> C.K.C.Reg.No.	D ___ M ___ Y ___	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> C.K.C.ERN No.		
<input type="checkbox"/> C.K.C. Misc.Cert.No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> 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 / Mail 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 # _____