



OFFICIAL CANADIAN KENNEL CLUB FORM
CONFORMATION

SARNIA KENNEL CLUB

- Fri. JUNE 29, 2018 (Show #1)
- Fri. JUNE 29, 2018 (Show #2)
- Sat. JUNE 30, 2018 (Show #3)
- Sun. JULY 1, 2018 (Show #4)
- Mon. JULY 2, 2018 (Show #5)
- Mon. JULY 2, 2018 (Show #6)

Entry Fees (\$30.00 per show) \$ _____
 Veterans (\$10.00) \$ _____
 Baby Puppy Classes (\$10.00 per show) \$ _____
 Sweepstakes (\$10.00) \$ _____
 Listing Fees (\$11.30 per show) \$ _____
 Exhibition Only (\$12.00) \$ _____
 Catalogue (\$6.00 each) \$ _____
 TOTAL enclosed \$ _____

CLOSING DATE: 8 p.m.
 Wednesday, June 13, 2018
 (or when the limit is reached for
 the Friday and Monday shows)
 Make fees payable to
 SARNIA KENNEL CLUB
 and mail to:
 MJN Show Services
 9 Samya Court
 Scarborough, ON M1R 2A4

Please type or print clearly

Breed	Variety	Sex
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Enter in the following Classes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Canadian Bred Comp. (Sun.) |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Sweepstakes (Sat.) |
| <input type="checkbox"/> 12 - 18 Month | <input type="checkbox"/> Baby Puppy (Sat. & Sun. only) | Class: _____ |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Veterans (Sun. only) | |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | |

Reg. Name of Dog

Check One – and – Enter Number here	Date of Birth	Is this a puppy?
<input type="checkbox"/> CKC Reg. No.	D _____ M _____ Y _____	YES _____ NO _____
<input type="checkbox"/> CKC ERN No.		
<input type="checkbox"/> CKC Misc. Cert. No.		
<input type="checkbox"/> Listed	Place of Birth	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
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Name of Owner's Agent (if any)
at the Show _____

Agent's Address _____

City	Prov.	Code
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Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.