



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

WILDWOOD KENNEL CLUB

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

Conformation	Baby Puppy	Listing Fee	Limited Breed Shows		
Thurs Feb 1 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$9.60	<input type="checkbox"/> Group 1	<input type="checkbox"/> Group 2	<input type="checkbox"/> Group 3
Fri Feb 2 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$9.60	<input type="checkbox"/> Group 4	<input type="checkbox"/> Group 6	
Sat Feb 3 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$9.60	<input type="checkbox"/> Group 7		
Sun Feb 4 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$9.60			

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-ordered Catalogue - \$8

Breed _____ Variety _____ Sex _____

Enter in the following classes:

<input type="checkbox"/> Baby Puppy (Fri, Sat, Sun)	<input type="checkbox"/> Bred by Exhibitor
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> Canadian Bred	

Name of Dog _____

Check One and Enter Number Here

C.K.C.Reg.No.
 C.K.C.ERN No.
 C.K..C.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 / 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 # _____