



HAMILTON KENNEL CLUB INC.

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

Conformation
Fri, June 22 # 1
Fri, June 22 # 2
Sat. June 23
Sun. June 24

Obedience
 Trial 1 Trial 2

CAMPING
 with Hydro _____ nights
 No Hydro _____ nights

Pre-ordered Catalogue \$8.00 / at the show \$10.00

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"/> Sweepstakes
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> 3-6 Mths
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> 6-9 Mths
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> 9-12 Mths
<input type="checkbox"/> Canadian Bred		<input type="checkbox"/> 12-18 Mths
	<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Open 18A
	<input type="checkbox"/> Novice A	<input type="checkbox"/> Open HB
	<input type="checkbox"/> Novice B	<input type="checkbox"/> Open 18B
	<input type="checkbox"/> Novice C	<input type="checkbox"/> Utility A
	<input type="checkbox"/> Nov. Inter	<input type="checkbox"/> Utility B
	<input type="checkbox"/> Open HA	<input type="checkbox"/> Jump -

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 (noC.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	
<input type="checkbox"/> C.K.C.PEN No		
<input type="checkbox"/> 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 _____