



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
KINGSTON & DISTRICT KENNEL CLUB

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

	Conformation	Baby Puppy	Veteran	Altered	Listing Fee
June 15 #1	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$11.30
June 15 #2	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$11.30
June 16	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$11.30
June 17	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$11.30

CAMPING FEE: \$75.00 - Please pay with your entries

ENCLOSE \$ FOR TOTAL ENTRY FEES Pre-Ordered Catalogue \$8.00/at the show \$10.00
 Breed Variety Sex

Enter in the following classes:

- Baby Puppy Bred by Exhibitor Veteran Class
 Junior Puppy Open Altered Class
 Senior Puppy Special Only
 12-18 Months Exhibition Only
 Canadian Bred

Reg.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

Mail / email I.D.to

- Owner.
 Agent

 SIGNATURE OF OWNER OR AGENT

 TELEPHONE NUMBER

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** _____