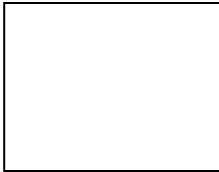


**Official Kennel Club Entry Form
 Norwegian Elkhound Club of Canada Specialty
 Saturday, November 11, 2017
 CONFORMATION ENTRY ONLY**



Entries Closes: October 24, 2017, 9:00 PM.CDT.

Entry fees: \$28.00 Listing fees: \$8.95 Exhibition only: \$8.00

ENTRY \$	LISTING \$	TOTAL \$
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BREED	NORWEGIAN ELKHOUND	VARIETY	SEX
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REGULAR CLASSES

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Jr. Puppy | <input type="checkbox"/> 15-18 Months | <input type="checkbox"/> Brace | <input type="checkbox"/> Puppy Sweepstakes |
| <input type="checkbox"/> Sr. Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Veteran | <input type="checkbox"/> Veteran Sweepstakes |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Stud Dog | |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Brood Bitch | |
| <input type="checkbox"/> 12 – 15 Months | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Altered | |

REGISTERED NAME _____

Check one ONLY	Enter Number	Date of Birth	Puppy
<input type="checkbox"/> CKC Reg. No.		Day Month Year	Yes <input type="checkbox"/>
<input type="checkbox"/> CKC ERN No.			No <input type="checkbox"/>
<input type="checkbox"/> CKC Misc.Cert.No.			
<input type="checkbox"/> Listed		Place of Birth	
		<input type="checkbox"/> Canada	<input type="checkbox"/> Elsewhere

Breeders: _____

Sire: _____

Dam: _____

Reg'd Owner (s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name(if any) _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail Confirmation To: Owner Agent

Owner/Agent Signature & Email _____

MAIL ENTRIES TO: WCKC, c/o Box 75, Grp 4, RR#2, Lorette, MB R0A 0Y0

VISA/MASTERCARD INFORMATION	FAX ENTRIES TO: 204-237-0965
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	CARD NO. _____ + 3 digits _____
EXPIRY DATE _____ / _____	NAME OF CARDHOLDER _____
Month Year	(Please print)

I certify that I am the registered owner(s) of this dog or that I am the authorized agent of the owner(s) whose name(s) are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

Signature _____ Ph. No. _____ Email _____

PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOU YOUR CONFIRMATION OF ENTRY!

**ONLINE ENTRIES ACCEPTED AT WWW.ENTRYLINE.COM until 5:00 pm EDT Oct 24, 2017
 Or Fax entries to 204-237-0965. Fax entries will be processed by "Manitoba K9 Association".
 Note there is a 10% service charge in you use the fax service.**