



CHAMPLAIN DOG CLUB

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



Entry Fees \$28.00/Show or Trial before March 1, \$30.00 after March 1st

Conformation	Ex. Only	Obedience	Listing Fee
April 20 <input type="checkbox"/> - #1	<input type="checkbox"/> \$10.00	<input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2	<input type="checkbox"/> \$11.30 <input type="checkbox"/> \$11.30
April 20 <input type="checkbox"/> - #2			<input type="checkbox"/> \$11.30
April 21 <input type="checkbox"/>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4	<input type="checkbox"/> \$11.30 <input type="checkbox"/> \$11.30
April 22 <input type="checkbox"/>	<input type="checkbox"/> \$10.00		<input type="checkbox"/> \$11.30

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-ordered catalogues \$8.00

Breed _____	Variety _____	Sex _____
Enter in the following classes:		
<input type="checkbox"/> Baby Puppy (Sun)	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open H-A
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Novice A <input type="checkbox"/> Open 18-A
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Novice B <input type="checkbox"/> Open H-B
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Novice C <input type="checkbox"/> Open 18-B
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Veterans (Sun)	<input type="checkbox"/> Novice Interm. <input type="checkbox"/> Utility A
		<input type="checkbox"/> Utility B
		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 (no C.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	
<input type="checkbox"/> C.K.C.CCN no or PEN 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 I.D.to
 Agent
 Owner

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:

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FAX SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____