



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

KILBRIDE & DISTRICT KENNEL CLUB

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

- Friday, August 11
- Saturday, August 12
- Sunday, August 13
- Limited Breed Group 1 - Fri
- Limited Breed Group 7 - Sat
- Limited Breed Group 6 - Sun
- Limited Breed Group 3 - Fri

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

Breed	Variety	Sex
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Enter in the following classes:

- Baby Puppy
- Junior Puppy
- Senior Puppy
- 12-18 Months
- Canadian Bred
- Bred by Exhibitor
- Open
- Specials Only
- Exhibition Only
- Novice/Owner/Handler Competition (Saturday)
- Novice/Owner/Handler Competition (Sunday)

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	

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City	Prov.	Postal Code
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Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City	Prov.	Postal Code
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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 Code _____