



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Rocky Mountain Working Herding Club of Alberta



Mail Entries to: Arcticdreams Show Services
 Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0
 Make cheques payable to: **Rocky Mountain Working Herding Club of Alberta**
Show dates: Entries Close Wednesday, March 11, 2020 @ 11:00 PM.

Entry Fees \$ _____ + Listing Fees \$ _____ + Pre-paid Catalogue \$ _____ = **TOTAL \$** _____

PLEASE PRINT OR TYPE CLEARLY

Sweepstakes ____ Thursday	Conformation ____ Friday	
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Enter in the Following Classes

Conformation Classes		Sweepstakes Classes	
____ Baby Puppy ____ Junior Puppy ____ Senior Puppy ____ 12 – 15 Month ____ 15 - 18 Month	____ Canadian Bred ____ Bred By Exhibitor ____ Open ____ Specials ____ Veterans	____ Baby Puppy ____ Junior Puppy ____ Senior Puppy ____ 12 – 18 Month	____ 7 - 9 YEARS ____ 9 - 12 YEARS ____ 12+ YEARS

____ Exhibition Only ____ Exhibition Only (3-6 Month)

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reg. Name of Dog (CKC Titles ONLY please)

Check one & Enter CKC Number: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. NUMBER:	<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.)TCN	DOB ____/____/____ Day Month Year	On the show Date is this a PUPPY? ____ YES ____ NO
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PLACE OF BIRTH CANADA ELSEWHERE

BREEDER(S)

SIRE

DAM

REG. OWNER(S)

OWNER(S) ADDRESS

CITY: _____ **PROV./STATE:** _____ **POSTAL CODE:** _____

Telephone Number _____ **CKC Membership #** _____

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY: _____ **PROV./STATE:** _____ **POSTAL CODE:** _____

IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION

Email Address to send confirmation to

____ VISA ____ MASTERCARD ____ AMEX

Card No. _____ **EXPIRY** ____/____

CARDHOLDERS NAME (PLEASE PRINT) _____

AUTHORIZATION & GENERAL AGREEMENT

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list.

Signature of Owner, Agent, Handler: X _____ **Date:** _____

Signature of parent/guardian is required for children under 18 years