



# OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

## Conformation Show: Bullmastiff Fanciers of Canada

**October 12, 2019**

Show Secretary: Arcticdreams Show Services Phone:780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 1-877-993-6879

Entry Fees \$\_\_\_\_\_ Listing Fees \$\_\_\_\_\_ Catalogue \$\_\_\_\_\_ P/F \$\_\_\_\_\_ Total \$\_\_\_\_\_

Breed:\_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes (*check all that apply*):

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Baby Puppy                   | <u>Sweepstakes</u>                    |
| <input type="checkbox"/> Senior Puppy      |   | <input type="checkbox"/> 6-9 Months   |
| <input type="checkbox"/> 12-15 Month       |   | <input type="checkbox"/> 9-12 Months  |
| <input type="checkbox"/> 15-18 Month       | <input type="checkbox"/> Stud Dog & Get               | <input type="checkbox"/> 12-18 Months |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Brood Bitch & Progeny        |                                       |
| <input type="checkbox"/> Bred by Exhibitor |   | <input type="checkbox"/> 7-9 Years    |
| <input type="checkbox"/> Open              | <input type="checkbox"/> Exhibition Only              | <input type="checkbox"/> 9-+ Years    |
| <input type="checkbox"/> Veterans          | <input type="checkbox"/> Exhibition Only (3-6 months) |                                       |
| <input type="checkbox"/> Specials Only     |   |                                       |

*Entries Close: September 23, 2019 at 10:00 p.m.*

Reg. Name of Dog\_\_\_\_\_

Please Check one and enter number here\_\_\_\_\_

- CKC Reg. No.  
 CKC ERN No.  
 CKC Misc. Cert No.  
 CKC PEN No.

LISTED (No CKC/ERN No.)

Date of Birth M\_\_\_ D\_\_\_ Y\_\_\_ Is this a puppy? Y\_\_\_ N\_\_\_ Place of Birth Canada  Elsewhere

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City:\_\_\_\_\_ Prov:\_\_\_\_\_ Postal Code:\_\_\_\_\_

Name of Owner's Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

City:\_\_\_\_\_ Prov:\_\_\_\_\_ Postal Code:\_\_\_\_\_

Mail to:  Owner  Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa  MasterCard  Amex

Card Number: \_\_\_\_\_

Expiry Date:\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Cardholder Name: (Print)\_\_\_\_\_

Cardholder Signature:\_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_