

# Official Kennel Club Entry Form

## ASSINIBOINE KENNEL CLUB – ST. NORBERT COMMUNITY CENTRE

APRIL 11, and APRIL 12, 2020

**CONFORMATION ENTRY ONLY**

**Conformation**

Sat. Apr 11th \_\_\_\_\_ SHOW 1                      Sat. Apr 11th \_\_\_\_\_ SHOW 2  
 Sun. Apr 12th \_\_\_\_\_ SHOW 3                      Sun. Apr 12th \_\_\_\_\_ SHOW 4  
 Prepaid Catalogue \$8.00 \_\_\_\_\_ (\$10.00 at show)



**Early Bird February 18, 2020 Regular Entries Close: March 24, 2020 9:00 PM.**

**Regular entry fees: \$30.00 Listing fees: \$10.50 Altered//Baby Puppy \$30/\$15 Ex only: \$10.00**

	ENTRY	LISTING	TOTAL
\$	\$	\$	

BREED	VARIETY	SEX
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**REGULAR CLASSES**

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Jr. Puppy | <input type="checkbox"/> 12 – 18 Months  | <input type="checkbox"/> Altered (Show 1&2 Only) \$30.00      |
| <input type="checkbox"/> Sr. Puppy | <input type="checkbox"/> Open            | <input type="checkbox"/> Baby Puppy (Show 1&2 Only) \$15.00   |
| <input type="checkbox"/> Can.Bred  | <input type="checkbox"/> Specials Only   | <input type="checkbox"/> All Breed Sweeps (Sat. Only) \$10.00 |
| <input type="checkbox"/> Bred by   | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/>                                      |

REGISTERED NAME \_\_\_\_\_

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

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg. 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

**MAIL ENTRIES TO: AKC, DIANE FAST 25381 River Road, Lorette MB, R5K 0Z6**

VISA/MASTERCARD INFORMATION

FAX ENTRIES TO: 204-237-0965

VISA  MASTERCARD CARD NO. \_\_\_\_\_

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!**