



CHAMPLAIN DOG CLUB

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



- Friday, April 19 - #1
- Friday, April 19 - #2
- Saturday, April 20 - #3
- Saturday, April 20 - #4
- Sunday, April 21 - #5

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

Breed _____	Variety _____	Sex _____
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Enter in the following classes:

- | | |
|--|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Bred by Exhibitor |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Canadian Bred | |

Reg.Name of Dog _____

Check One and Enter Number Here

- C.K.C.Reg.No.
- C.K.C.ERN No.
- C.K.C.Misc.Cert.No.
- Listed (no C.K.C.No.)

Date of Birth
D ____ M ____ Y ____

Is this a Puppy?
 YES NO

Place of Birth
 Canada 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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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: _____

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____