



# ONTARIO COUNTY KENNEL CLUB

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

Conformation	Baby Puppy	Listing Fee	Rally	Obedience
June 12-#1 <input type="checkbox"/> \$32.00		<input type="checkbox"/> \$11.30		
June 12-#2 <input type="checkbox"/> \$32.00		<input type="checkbox"/> \$11.30		
June 13-#3 <input type="checkbox"/> \$32.00		<input type="checkbox"/> \$11.30	June 13-#1 <input type="checkbox"/> \$32.00	June 13-#1 <input type="checkbox"/> \$32.00
June 13-#4 <input type="checkbox"/> \$32.00		<input type="checkbox"/> \$11.30	June 13-#2 <input type="checkbox"/> \$32.00	
June 14-#5 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$11.30		
I ENCLOSE \$	FOR TOTAL ENTRY FEES		Pre-Ordered Catalogue <input type="checkbox"/>	

Breed	Variety	Sex
Enter in the following classes:	<input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> OPHA
<input type="checkbox"/> Baby Puppy - Sun.Only	<input type="checkbox"/> NB	<input type="checkbox"/> NB <input type="checkbox"/> OPHB
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> INT	<input type="checkbox"/> NC <input type="checkbox"/> UA
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> AA	<input type="checkbox"/> INT <input type="checkbox"/> UB
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> AB Jump____	<input type="checkbox"/> OP18A Jump ____
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> EA	<input type="checkbox"/> OP18B
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> EB	
<input type="checkbox"/> Open		
<input type="checkbox"/> Specials Only		
<input type="checkbox"/> Exhibition Only		

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 \_\_\_\_\_

Name of Owner's Agent (if any) at the Show \_\_\_\_\_

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Email / Mail I.D.to  
 Owner.

<input type="checkbox"/> Agent	SIGNATURE OF OWNER OR AGENT _____	TELEPHONE NO. _____
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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 # \_\_\_\_\_