## OFFICIAL CANADIAN KENNEL CLUB FORM

## CONFORMATION

CLOSING DATE: 8 p.m. WEDNESDAY, APRIL 8, 2020 or when the limit is reached Make fees payable to Victoria County Kennel Club and mail to: MJN Show Services 9 Samya Court Scarborough, ON M1R 2A4	ORIA COUNTY KENNEL CLUB  ☐ Fri. APRIL 24, 2020 Show #1 ☐ Fri. APRIL 24, 2020 Show #2 ☐ Sat. APRIL 25, 2020 Show #3 ☐ Sat. APRIL 25, 2020 Show #4 ☐ Sun. APRIL 26, 2020 Show #5 ☐ Sun. APRIL 26, 2020 Show #4 ☐ Sun. APRIL 26, 2020 Show #5 ☐ Sun. APRIL 26, 2020 Show #4 ☐ Sun. APRIL 26, 2020 Show #4 ☐ Sun. APRIL 26, 2020 Show #5 ☐ Sun. APR				
Breed			Variety		Sex
Enter in the following Classes:  Junior Puppy Senior Puppy 12 - 18 Month Canadian Bred Bred by Exhibitor	Open Specials Baby Pul Veterans Exhibition	ppy (Shows (Shows 2	1 & 5 only)	Camping	
Reg. Name of Dog					
Check One – and – Enter Number here		Date o	f Birth		Is this a puppy?
CKC Reg. No. CKC ERN No. CKC Misc. Cert. No.		D	M	Place of	
TCN No. (Listed)  Breeder(s)				Cana	ada 🔲 Elsewhere
Sire					
Dam					
Reg'd Owner(s)					
Owner's Address					
City		Prov.	Code		
Name of Owner's Agent (if any)			<u> </u>		
Agent's Address					
City		Prov.	Code		
Mail I.D. to 🗅 Owner or 🚨 Agen	t Email				
FAX/CREDIT CARD ENTRIES  ☐ Amer Express ☐ Mastercard ☐	VISA Card No				Expiry
Name of Cardholder		Signature			

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.