

Official Canadian Kennel Club Entry Form  Maritime Golden Retriever Club Entry Form	Administrative use only
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<input type="checkbox"/> Sat May 25	REGULAR Class Entry fees: _____ x \$34.00 = _____ Sweepstakes/Baby Puppy _____ x \$20.00 = _____ Brace (per dog): _____ x \$12.50 = _____ Stud Dog & Brood Bitch: _____ x \$15.00 = _____ TCN (listing) Fees: _____ x \$11.50 = _____ Ex. Only: _____ x \$15.00 = _____ Catalog: _____ x \$10.00 = _____ Total: _____	
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Please Print or type CLEARLY

Enter in one only of the following classes		CONFORMATION	
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Altered	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Veterans 7-9 yrs	
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Veterans 9 & older	
<input type="checkbox"/> 12 - 18 Months	<input type="checkbox"/> Ex. Only	<input type="checkbox"/> Field	
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> Brace

BREED Golden Retriever	VARIETY	SEX
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NAME OF DOG

Check one & enter Reg # here <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> TCN _____	Date Of Birth _____ Day _____ Month _____ Year	Place Of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
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BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
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AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
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Mail ID to: _____ OWNER or _____ AGENT

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) 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 or misfortune however caused.

Signature of agent or owner

Phone Number

Email: _____

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