



OFFICIAL CANADIAN KENNEL CLUB FORM  
**SPECIALTY CONFORMATION**  
**ALASKAN MALAMUTE CLUB OF CANADA**

**Saturday, April 25, 2020**

Entry Fees (\$30.00)	\$ _____
Listing Fees (\$11.30)	\$ _____
Exhibition Only (\$10.00)	\$ _____
Baby Puppy (\$10.00)	\$ _____
Non-Reg. Classes (\$10.00)	\$ _____
Altered Classes (\$30.00)	\$ _____
Sweepstakes (15.00)	\$ _____
Camping (\$25.00)	\$ _____
Catalogue (\$5.00 each)	\$ _____
<b>TOTAL enclosed</b>	<b>\$ _____</b>

**CLOSING DATE: 8 p.m.**  
**WEDNESDAY, APRIL 8, 2020**  
 Make fees payable to  
 Victoria County Kennel Club  
 and mail to:  
 MJN Show Services  
 9 Samya Court  
 Scarborough, ON M1R 2A4

*Please type or print clearly*

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

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Junior Puppy   | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Brace            | <input type="checkbox"/> Sweepstakes         |
| <input type="checkbox"/> Senior Puppy   | <input type="checkbox"/> Open              | <input type="checkbox"/> Stud Dog         | Class _____                                  |
| <input type="checkbox"/> 12 - 15 Months | <input type="checkbox"/> Veteran           | <input type="checkbox"/> Brood Bitch      | <input type="checkbox"/> Veteran Sweepstakes |
| <input type="checkbox"/> 15 - 18 Months | <input type="checkbox"/> Specials Only     | <input type="checkbox"/> Exhibition Only  | Class _____                                  |
| <input type="checkbox"/> Canadian Bred  | <input type="checkbox"/> Baby Puppy        | <input type="checkbox"/> Sexually Altered | <input type="checkbox"/> Camping             |

Reg. Name of Dog \_\_\_\_\_

Check One – and – Enter Number here

- CKC Reg. No.  
 CKC ERN No.  
 CKC Misc. Cert. No.  
 TCN No. (Listed)

Date of Birth D _____ M _____ Y _____	Is this a puppy? YES ___ NO ___
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Place of Birth  
 Canada  Elsewhere

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

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City _____	Prov. _____	Code _____
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Name of Owner's Agent (if any)  
 at the Show \_\_\_\_\_

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

City _____	Prov. _____	Code _____
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Mail I.D. to  Owner or  Agent 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.

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_