



**OFFICIAL CANADIAN KENNEL CLUB FORM
THOUSAND ISLANDS KENNEL & OBEDIENCE CLUB**

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

| | | |
|---------------------|---------------------|--------------------|
| Conformation | Rally | Obedience |
| () Fri. Aug. 16 #1 | () Fri. Aug 16 #1 | () Sat. Aug 17 #1 |
| () Fri. Aug. 16 #2 | () Fri. Aug 16 #2 | () Sun. Aug 17 #2 |
| () Sat. Aug. 17 | () Sat. Aug. 17 #3 | () Sun. Aug 18 #3 |
| () Sun. Aug. 18 | | |

| | | | |
|-----------|----------------|------------------|-------------|
| Total: \$ | Entry Fees: \$ | Listing Fees: \$ | Catalog: \$ |
| Breed | | Variety | Sex |

Enter in the following classes:

| | | | | |
|---|--|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Baby Puppy (Sat/Sun) | <input type="checkbox"/> Open | <input type="checkbox"/> Nov. A | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Open HA |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Nov. B | <input type="checkbox"/> Novice A | <input type="checkbox"/> Open 18A |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Brace (Sat) | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Novice B | <input type="checkbox"/> Open HB |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Veterans (Sat) | <input type="checkbox"/> Adv. A | <input type="checkbox"/> Novice C | <input type="checkbox"/> Open 18B |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered (Sat/Sun) | <input type="checkbox"/> Adv. B | <input type="checkbox"/> Nov. Intern. | <input type="checkbox"/> Utility A |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Exc. A | | <input type="checkbox"/> Utility B |
| | | <input type="checkbox"/> Exc. B Jumps: Rally _____ | Obedience: _____ | |
| | | <input type="checkbox"/> Master | | |

Reg. Name of Dog _____

Check One and Enter Number Here

| | | |
|--|-------------------|--|
| <input type="checkbox"/> CKC Reg. No. | Date of Birth | Is this a Puppy? |
| <input type="checkbox"/> CKC ERN No. | D ___ M ___ Y ___ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> CKC Misc. Cert. No. | | |
| <input type="checkbox"/> CKC PEN No. | | |
| <input type="checkbox"/> CKC CCN No. | Place of Birth | |
| <input type="checkbox"/> Listed (no C.K.C.No.) | Canada 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 _____

Mail I.D. to:
 Owner
 Agent

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NUMBER _____

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 Code** _____