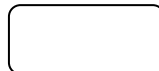




OFFICIAL CANADIAN KENNEL CLUB FORM
ARNPRIOR CANINE ASSOCIATION

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



	Conformation	Baby Puppy (Sunday Only)	Exhibition Only	Listing Fee
MAY 10 #1	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30
MAY 10 #2	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30
MAY 11 #3	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30
MAY 11 #4	<input type="checkbox"/> \$30.00		<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30
MAY 12 #5	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$11.30

Total Fees: \$ Pre-Ordered Catalogue - \$8.00

Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | |
|---|--|--|
| <input type="checkbox"/> Baby Puppy (Sunday only) | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Specials Only | |

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 ___ | YES NO |
| <input type="checkbox"/> CKC Misc.Cert.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 _____

Email 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.

E-mail: _____

FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ **Security Code** _____