



OFFICIAL CANADIAN KENNEL CLUB FORM
SPECIALTY CONFORMATION ENTRY FORM

CALEDON KENNEL ASSOCIATION

CLOSING DATE: 8 P.M. (ET) – TUESDAY, NOVEMBER 15, 2022

Make fees payable to Caledon Kennel Association and mail to:

MJN Show Services
33 Devonglen Drive, Kitchener, ON N2E 1Z6

Entry fee	\$34.00	_____
Listing fee	\$11.30	_____
Baby Puppy	\$15.00	_____
Altered	\$34.00	_____
Sweepstakes	\$15.00	_____
Non-Regular	\$15.00	_____
Unofficial	\$15.00	_____
Exhibition Only	\$10.00	_____
Catalogue	\$10.00	_____
TOTAL		_____

- CHESAPEAKE BAY RETRIEVER CLUB OF CANADA (REGIONAL) – Saturday
- GERMAN SHORTHAIRED POINTER CLUB OF CANADA (REGIONAL) – Saturday
- GREAT PYRENEES CLUB OF SOUTHERN ONTARIO – Sunday
- LHASA APSO CANADA (NATIONAL) – Saturday
- CANADIAN NATIONAL AUSTRALIAN SHEPHERD ASSOCIATION (REGIONAL) – Saturday

Enter in the following Classes:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Stud Dog | SWEEPSTAKES |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Veterans | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Class: _____ |
| <input type="checkbox"/> 12-18 Months | Class: _____ | <input type="checkbox"/> Brace | VETERANS SWEEPS |
| <input type="checkbox"/> 12-15 Months | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Class: _____ |
| <input type="checkbox"/> 15-18 Months | <input type="checkbox"/> Altered | UNOFFICIAL CLASSES | <input type="checkbox"/> Catalogue |
| <input type="checkbox"/> Open | NON-REG. CLASSES | <input type="checkbox"/> Pointing Dog/Bitch | <i>Please consult individual specialties for classes offered.</i> |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Parade of Titleholders | |

Breed	Variety/Colour	Sex
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Reg. Name of Dog

Check One: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC MCN <input type="checkbox"/> CKC ERN <input type="checkbox"/> CKC TCN	Date of Birth D _____ M _____ Y _____	Is this a puppy? YES ___ NO ___
	Enter Number Here: Breeder(s) _____ Sire _____ Dam _____ Reg'd Owner(s) _____ Owner's Address _____ City _____ Prov. _____ Code _____ Name of Owner's Agent (if any) at the Show _____ Agent's Address _____ City _____ Prov. _____ Code _____	

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov. _____ Code _____

Name of Owner's Agent (if any)
at the Show _____

Agent's Address _____

City _____ Prov. _____ Code _____

Mail I.D. to Owner or Agent **Email** _____

FAX/CREDIT CARD ENTRIES	
<input type="checkbox"/> Amer Express <input type="checkbox"/> Mastercard <input type="checkbox"/> 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. I assume full responsibility for confirming receipt of all emailed entries with the Show Secretary.

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NO. _____