	Official Canadian Kennel Club Entry Form Newfoundland (All Breed) Kennel Club	
<input type="checkbox"/> Show 1 <input type="checkbox"/> Show 2 <input type="checkbox"/> Show 3 <input type="checkbox"/> Show 4 <input type="checkbox"/> Catalog	Entry Fees _____ x \$30.00 = \$ _____ Baby Puppy, Altered & Veterans Entry _____ x \$17.00 = \$ _____ Sweepstakes _____ x \$15.00 = \$ _____ Exhibition Only _____ x \$10.00 = \$ _____ Listing Fee _____ x \$10.00 = \$ _____ Catalog _____ x \$ 8.00 = \$ _____ Total: \$ _____	

Please Print or type CLEARLY

Enter in one only of the following classes			CONFORMATION		
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Puppy Sweeps 6-9 mos	<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Puppy Sweeps 6-9 mos
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veterans	<input type="checkbox"/> Puppy Sweeps 9-12 mos	<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veterans	<input type="checkbox"/> Puppy Sweeps 9-12 mos
<input type="checkbox"/> 12 -18 months	<input type="checkbox"/> Altered	<input type="checkbox"/> Puppy Sweeps 12-18 mos	<input type="checkbox"/> 12 -18 months	<input type="checkbox"/> Altered	<input type="checkbox"/> Puppy Sweeps 12-18 mos
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Veteran Sweeps 7-9 yrs	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Veteran Sweeps 7-9 yrs
<input type="checkbox"/> Open	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Veteran Sweeps 9yrs & up	<input type="checkbox"/> Open	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Veteran Sweeps 9yrs & up

BREED	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"/> Listed _____	Date of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___ Place Of Birth ___ Canada ___ Elsewhere
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BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

AGENT NAME

AGENT ADDRESS


CITY	PROV	POST CODE
-------------	-------------	------------------

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, it's 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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<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Veteran Sweeps 7-9 yrs	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Veteran Sweeps 7-9 yrs
<input type="checkbox"/> Open	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Veteran Sweeps 9yrs & up	<input type="checkbox"/> Open	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Veteran Sweeps 9yrs & up

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SIRE

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