



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**

**Conformation Show: Island & Pacific Labrador Retriever Club**

**Saturday , October 12, 201 9**

Show Secretary: Arcticdreams Show Services Phone:780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 1-877-993-6879

Entry Fees \$\_\_\_\_\_ Listing Fees \$\_\_\_\_\_ Catalogue \$\_\_\_\_\_ P/F \$\_\_\_\_\_ Total \$\_\_\_\_\_

Breed: Labrador Retriever Color \_\_\_\_\_

Sex \_\_\_\_\_

Enter in the following classes)

- Junior Puppy
- Senior Puppy
- 12 to 15 mths
- 15 to 18 mths
- Field Dog
- Canadian Bred
- Bred by Exhibitor
- Veteran
- Specials Only
- Open Black
- Open Yellow
- Open Chocolate
- Altered
- Brace
- Stud Dog and Get
- Bitch and Progeny
- Baby Puppy
- Veteran Sweepstakes
- Juvenile Sweepstakes
- Exhibition Only

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

Please Check one and enter number here \_\_\_\_\_

CKC Reg. No.  CKC ERN No.  CKC Misc. Cert No.  CKC PEN No.

LISTED (No CKC/ERN No.)

Date of Birth M \_\_\_ D \_\_\_ Y \_\_\_ Is this a puppy? Y \_\_\_ N \_\_\_ Place of Birth Canada  Elsewhere

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Owner's Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mail to:  Owner  Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa  MasterCard  Amex

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder Name: (Print) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_