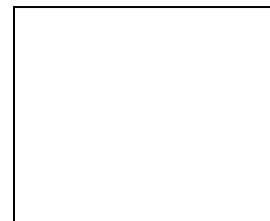


Official Kennel Club Entry Form

Wheat City Kennel Club



Conformation

CONFORMATION ENTRY ONLY

Friday Nov 8 Show 1 Fri. Nov 8 Show 2
 Saturday Nov 9 Show 3
 Sunday Nov 10 Show 4
 Monday Nov 11 Show 5 Monday Nov 11 Show 6

Prepaid Catalogue \$8.00 _____ (\$10.00 at show)

Entries Closes: October 16, 2019, 9:00 PM.CDT.

Same Dog, Same Class all 6 shows : \$160.00 or \$29 per show Listing fees: \$10.50 Exhibition only: \$8.00

ENTRY	LISTING	TOTAL
\$	\$	\$

BREED	VARIETY	SEX
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REGULAR CLASSES

<input type="checkbox"/> Jr. Puppy	<input type="checkbox"/> 12 – 18 Months	<input type="checkbox"/> Juvenile Sweeps Sunday
<input type="checkbox"/> Sr. Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Veteran (Altered) Show 5
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Veteran (Altered) Show 6
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Veteran (In Tact) Show 5
<input type="checkbox"/> Altered	<input type="checkbox"/> Brace Saturday	<input type="checkbox"/> Veteran (In Tact) Show 6

REGISTERED NAME _____

Check one ONLY <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc.Cert.No. <input type="checkbox"/> Listed	Enter Number _____	Date of Birth Day Month Year	Puppy Yes <input type="checkbox"/> No <input type="checkbox"/>
		Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeders: _____

Sire: _____

Dam: _____

Reg'd Owner (s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name(if any) _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail Confirmation To: Owner Agent

Owner/Agent Signature & Email _____

MAIL ENTRIES TO: Wheat City Kennel Club Inc., 25381 River Road, Lorette, MB R5K 0Z6

VISA/MASTERCARD INFORMATION <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD CARD NO, _____ + 3 digits _____	FAX ENTRIES TO: 204 237-0965
EXPIRY DATE _____ / _____ Month Year	NAME OF CARDHOLDER _____ (Please print)

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) are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

Signature _____ Ph. No. _____ Email _____
 PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOU YOUR CONFIRMATION OF ENTRY!

ONLINE ENTRIES ACCEPTED AT WWW.ENTRYLINE.COM until 5:00 pm EDT Oct 16, 2019
Fax entries to 204-237-0965. Fax entries will be processed by "Manitoba K9 Association".
Note there is a 10% service charge in you use the fax service.