



**OFFICIAL ENTRY FORM  
NATIONAL SPECIALTY SHOWS  
Chesapeake Bay Retriever Club of Canada**



Sat September 2nd, 2017

Closing Date: 8:00 p.m.  
Tuesday August 22nd, 2017  
Make Fees Payable to:  
Chesapeake Bay Retriever Club of Canada  
and mail to:  
Best in Show Services  
1412 Webster Road  
Norwood, Ontario K0L 2V0

Entry Fees (\$30.00 per show)	\$ _____
Listing Fees (\$9.61 per show)	\$ _____
Baby Puppy Classes (\$15.00)	\$ _____
Exhibition Only (\$10.00)	\$ _____
Sweepstakes (\$10.00 )	\$ _____
Non-Regular/Unofficial (\$10.00)	\$ _____
Catalogue (Free)	\$ _____
TOTAL Enclosed	\$ _____

Breed: Chesapeake Bay RETRIEVER

Sex: \_\_\_\_\_

Enter in the following classes:

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Veterans        | <input type="checkbox"/> Gun Dog     | <input type="checkbox"/> Puppy Sweepstakes   |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Specials Only   | <input type="checkbox"/> Stud Dog    | Class: _____                                 |
| <input type="checkbox"/> 12-18 Month       | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Veteran Sweepstakes |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Baby Puppy      | <input type="checkbox"/> Brace       | Class: _____                                 |
| <input type="checkbox"/> Bred By Exhibitor |  |                                      |  |
| <input type="checkbox"/> Open              |  |                                      |  |

Registered Name of Dog: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> CKC Reg Num _____       | Date of Birth: Day ____ Month ____ Year ____                                       |
| <input type="checkbox"/> CKC ERN Num _____       | Is this a Puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| <input type="checkbox"/> CKC Misc Cert Num _____ | Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere |
| <input type="checkbox"/> Listed                  |  |

Breeder(s):

Sire:

Dam:

Registered Owner(s):

Address:

City:

Province:

Postal Code:

Name of Owner's Agent at the show (If any):

Address:

City:

Province:

Postal Code:

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual 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.

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

(Of Owner or Agent)

Telephone Num: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail ID to  Owner or  Agent