



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

TRILLIUM DOG FANCIERS

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0

Conformation			Listing Fee	Limited Breed Shows
Oct. 18	<input type="checkbox"/> \$32.00	<input type="checkbox"/> Baby Puppy \$15	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Fri – All Poodles
Oct. 19	<input type="checkbox"/> \$32.00	<input type="checkbox"/> Baby Puppy \$15	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Sat – Group 1 (Sporting)
Oct. 20	<input type="checkbox"/> \$32.00	<input type="checkbox"/> Baby Puppy \$15	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Sun – Group 5 (Toys)
I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-Ordered Catalogue <input type="checkbox"/> \$10.00				
Breed		Variety		Sex

Enter in the following classes:

- Baby Puppy
- Canadian Bred
- Exhibition Only
- Junior Puppy
- Bred by Exhibitor
- Senior Puppy
- Open
- 12-18 Months
- Specials Only

Reg.Name of Dog _____

Check One and Enter Number Here

- C.K.C.Reg.No.
- C.K.C.ERN No.
- C.K..C.Misc.Cert.No.
- Listed (no C.K.C.No.)

Date of Birth

D ____ M ____ Y ____

Is this a Puppy?

YES NO

Place of Birth

Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City _____

Prov. _____

Postal Code _____

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

Agent's Address _____

City _____

Prov. _____

Postal Code _____

Email / Mail I.D.to

- Owner.
- Agent

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NO. _____

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.

EMAIL: _____

FAX SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____