



SPECIALTY CONFORMATION ENTRY FORM

KILBRIDE & DISTRICT KENNEL CLUB

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

Total Entry Fees _____

- Checkboxes for various kennel clubs: Sat. Dogue de Bordeaux Club of Canada, Sat. Association of Great Dane Fanciers, Sun..Association of Great Dane Fanciers, Sat. Miniature Bull Terrier Club of Ontario, Sat. Southern Counties Hound Breeds Assoc, Sun.Southern Counties Hound Breeds Assoc (Sighthounds), Sun.Working & Herding Club of Southern Ontario, Mon.Working & Herding Club of Southern On.

Form with columns: Breed, Variety, Sex. Includes checkboxes for Baby Puppy, Junior Puppy, Senior Puppy, 12-15 Months, 15-18 Months, 12-18 Months, Canadian Bred, Bred By Exhibitor, Open (colour if req'd), Veterans (age if req'd), Specials Only, Sexually Altered, Stud Dog, Brood Bitch, Brace, Exhibition Only, SWEEPSTAKES (3 to 6 months, 6 to 9 months, 9 to 12 months, 12 to 18 months, 12 to 15 months, 15 to 18 months), VETERAN SWEEPS (7 to 9 years, 9 to 11 years, 11 years + older, 7 to 10 years, 10 years + older), and Stud Dog & Brood Bitch Sweeps (MBTCO).

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 checkboxes

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: _____

CREDIT CARDS - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security Code _____