OFFICIAL CKC ENTRY FORM

CENTRAL ONTARIO SPANIEL CLUB	AND PAYMENT IN FULL PRIOR TO THE CLOSING DATE
September 14 th & 15 th , 2024 ERIN, ONTARIO	NAME:
EVENT INFORMATION	10/10/12:
FEES: Entry Fee \$ TCN Fee \$ Total Enclosed	ADDRESS:
SAT. Sept. 14 SUN. Sept. 15	
TESTS ENTERED Working \$25.00 Working \$25.00 Junior Event - \$60.00 Junior Event - \$60.00	
Selliol Event = \$00.00	PROV./STATE:PC/ZIPTEL:()
TCN Fees - \$12.00 TCN Fees - \$12.00	
	e-mail:
DOG INFORMATION	
Registered Name of Dog: Call Name:	
registered Name of Dog.	SATURDAY, September 14, 2024
Breed: Male Female	Working #Dogs: x \$25.00 CDN:
CKC Registration # CKC Miscellaneous # NUMBER:	Junior Event: #Dogs: x \$60.00 CDN:
	Senior Event : #Dogs: x \$60.00 CDN:
CKC ERN # Listed	Master Event : #Dogs: x \$80.00 CDN:
	TCN Fees: #Dogs: x \$12.00 CDN:
Date of Birth:/	7 7 7 12.00 CBN:
Day Month Year Place of Birth Canada Elsewhere	
BREEDER(S)	
BREEDER(O)	Sunday, September 15, 2024
SIRE	Working #Dogs: x \$25.00 CDN:
	Junior Event: #Dogs: x \$60.00 CDN:
DAM	Senior Event: #Dogs: x \$60.00 CDN:
	Master Event : #Dogs: x \$80.00 CDN:
REG'D OWNER OR Lessee	TCN Fees: #Dogs: x \$12.00 CDN:
OWNER'S ADDRESS or Lessee	
	Patron List: \$10.00
Name of Handler	
CREDIT CARD ENTRIES ONLYVISAMASTERCARD	TOTAL \$
CARD NO EXPIRY DATE	7
DAILO NO.	
CARDHOLDER NAME (PLEASE PRINT)	THANK YOU FOR YOUR SUPPORT
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	Please make cheques payable to :-
bound by the rules and regulations of The Canadian Kennel Club and by any additional rules and	CENTRAL ONTARIO SPANIEL CLUB
regulations appearing in the premium list.	Cinn atura.
	Signature:
Signature of Owner or Agent Telephone Number	
E-mail address	

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR ENTRY FORM