

 <p>Official Canadian Kennel Club Entry Form Maritime Group 7 Club Conformation September 26, 2021</p>	Administrative use only
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<input type="checkbox"/> Show 1 Regular Entry fees: ___ x \$30.00 = _____ Baby Puppy Entry fees: ___ x \$15.00 = _____ TCN Fees: ___ x \$11.50 = _____ Unofficial Entry Fees : ___ x \$15.00 Ex. Only: ___ x \$10.00 = _____	<input type="checkbox"/> Show 1 Regular Entry+ Altered fees: ___ x \$30.00 = _____ Baby Puppy+ Unofficial Entry fees: ___ x \$15.00 = _____ TCN Fees: ___ x \$11.50 = _____ Ex. Only: ___ x \$10.00 = _____ Catalog: ___ x \$10.00 = _____
Cheques to Maritime Golden Retriever Club	TOTAL: _____

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION

<input type="checkbox"/> 4-6 Month Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Brace
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veteran	<input type="checkbox"/> Stud Dog <input type="checkbox"/> Brood Bitch
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only	
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Sexually Altered	

	VARIETY	SEX
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NAME OF DOG		Date Of Birth	Is this a puppy?
Check one & enter Reg # here ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ TCN #	Day Month Year	YES ___ NO ___	
		Place Of Birth ___ Canada ___ Elsewhere	

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
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AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
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Mail ID to: ___ OWNER or ___ AGENT

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) 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 Federation of Canada and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner _____	Phone Number _____
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Email: _____

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Cheques to: Charlotte County Kennel Club	TOTAL: _____

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION

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Signature of agent or owner _____	Phone Number _____
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Email: _____
