

Official Kennel Club Entry Form

Wheat City Kennel Club

Conformation

Fri. Nov 9 AM _____
Sat Nov 10 _____
Sun. Nov 11 _____

CONFORMATION ENTRY ONLY

Fri. Nov 9 PM _____
Prepaid Catalogue \$8.00 _____ (\$10.00 at show)



Entries Closes: October 24, 2018, 9:00 PM.CDT.

Same Dog, Same Class all 4 shows : \$100.00 or \$28 per show Listing fees: \$10.50 Exhibition only: \$8.00

ENTRY	LISTING	TOTAL
\$	\$	\$

BREED	VARIETY	SEX
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REGULAR CLASSES

- | | | |
|--------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Jr. Puppy | <input type="checkbox"/> 12 – 18 Months | <input type="checkbox"/> Brace Saturday |
| <input type="checkbox"/> Sr. Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Juvenile Sweeps |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Veteran's Extravaganza |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | Vet Age Class _____ |
| | <input type="checkbox"/> Altered | Veteran's Call Name _____ |

REGISTERED NAME

Check one ONLY

- | | | | |
|--------------------------------------------|--------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> CKC Reg. No. | Enter Number | Date of Birth | Puppy |
| <input type="checkbox"/> CKC ERN No. | | Day Month Year | Yes <input type="checkbox"/> |
| <input type="checkbox"/> CKC Misc.Cert.No. | | | No <input type="checkbox"/> |
| <input type="checkbox"/> Listed | | Place of Birth | |
| | | <input type="checkbox"/> Canada | <input type="checkbox"/> Elsewhere |

Breeders:

Sire: _____

Dam: _____

Reg'd Owner (s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name(if any) _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail Confirmation To: Owner Agent

Owner/Agent Signature & Email _____

MAIL ENTRIES TO: WCKC, c/o Box 75 Grp 4 RR2 Lorette, MB, R0A 0Y0

VISA/MASTERCARD INFORMATION

FAX ENTRIES TO: 204-237-0965

VISA MASTERCARD CARD NO. _____ + 3 digits _____

EXPIRY DATE _____ / _____ NAME OF CARDHOLDER _____
Month Year (Please print)

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) are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

Signature _____ Ph. No. _____ Email _____

PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOU YOUR CONFIRMATION OF ENTRY!

ONLINE ENTRIES ACCEPTED AT WWW.ENTRYLINE.COM until 5:00 pm EDT Oct 24, 2017

Fax entries to 204-237-0965. Fax entries will be processed by "Manitoba K9 Association".

Note there is a 10% service charge in you use the fax service.