



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Papillon Canada Regional Specialty: SATURDAY AUGUST 25, 2018

Show Secretary: Arcticdreams Show Services Phone: 780-814-3665
Comp 56 Site 11 RR 2 Sexsmith Alberta T0H 3C0 Fax: 1-877-993-6879
Entry Fees \$ Listing Fees \$ Total \$

Note: To be eligible for Best Bred By Exhibitor In Specialty, this box must be checked ()

Enter in the following classes
[] Junior Puppy Male [] Junior Puppy Female [] Baby Puppy Male [] Brace
[] Senior Puppy Male [] Senior Puppy Female [] Baby Puppy Female [] Exhibition Only
[] 12 to 18 Months Male [] 12 to 18 Months Female [] Veteran Male
[] Canadian Bred Male [] Canadian Bred Female [] Veteran Female
[] Bred by Exhibitor Male [] Bred by Exhibitor Female [] Altered Male
[] Open Drop Ear Male [] Open Drop Ear Female [] Altered Female
[] Open Erect Ear Male [] Open Erect Ear Female [] Stud Dog & Get
[] Specials Only Male [] Specials Only Female [] Brood Bitch & Progeny

Reg. Name of Dog

Please Check one and enter number here

- [] CKC Reg. No.
[] CKC ERN No.
[] CKC Misc. Cert No.
[] CKC PEN No. []

LISTED (No CKC/ERN No.)
Date of Birth M D Y Is this a puppy? Y N Place of Birth Canada [] Elsewhere []

Breeder:
Sire:
Dam:

Reg. Owner:

Owner's
Address:
City: Prov: Postal Code:

Name of Owner's Agent:

Agent's Address:
City: Prov: Postal Code:

Mail to: [] Owner [] Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

[] Visa [] MasterCard [] Amex
Card Number:

Expiry Date: /
Cardholder Name: (Print)

Cardholder Signature:
Signature of Owner/Agent:

Phone: Email: