



Official Canadian Kennel Club Entry Form
Newfoundland (All Breed) Kennel Club

<input type="checkbox"/> Show 1	Entry Fees	___ x \$30.00 = \$	_____
<input type="checkbox"/> Show 2	Baby Puppy & Veterans Entry	___ x \$17.00 = \$	_____
<input type="checkbox"/> Show 3	Sweepstakes	___ x \$15.00 = \$	_____
<input type="checkbox"/> Show 4	Exhibition Only	___ x \$10.00 = \$	_____
<input type="checkbox"/> Catalog	Listing Fee	___ x \$10.00 = \$	_____
	Catalog	___ x \$ 8.00 = \$	_____
	Total:		\$ _____

Please Print or type CLEARLY

Enter in one only of the following classes		CONFORMATION
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Veterans	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Altered	<input type="checkbox"/> Puppy Sweeps 6-9 mos
<input type="checkbox"/> Senior Puppy		<input type="checkbox"/> Puppy Sweeps 9-12 mos
<input type="checkbox"/> 12 -18 months		<input type="checkbox"/> Puppy Sweeps 12-18 mos
<input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Veteran Sweeps 7-9 yrs
<input type="checkbox"/> Bred By Exhibitor		<input type="checkbox"/> Veteran Sweeps 9yrs & up
<input type="checkbox"/> Open		
<input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only	

BREED	VARIETY	SEX
--------------	----------------	------------

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

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

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 Kennel Club 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 _____

Email: _____



Official Canadian Kennel Club Entry Form
Newfoundland (All Breed) Kennel Club

<input type="checkbox"/> Show 1	Entry Fees	___ x \$30.00 = \$	_____
<input type="checkbox"/> Show 2	Baby Puppy & Veterans Entry	___ x \$17.00 = \$	_____
<input type="checkbox"/> Show 3	Sweepstakes	___ x \$15.00 = \$	_____
<input type="checkbox"/> Show 4	Exhibition Only	___ x \$10.00 = \$	_____
<input type="checkbox"/> Catalog	Listing Fee	___ x \$10.00 = \$	_____
	Catalog	___ x \$ 8.00 = \$	_____
	Total:		\$ _____

Please Print or type CLEARLY

Enter in one only of the following classes		CONFORMATION
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Veterans	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Altered	<input type="checkbox"/> Puppy Sweeps 6-9 mos
<input type="checkbox"/> Senior Puppy		<input type="checkbox"/> Puppy Sweeps 9-12 mos
<input type="checkbox"/> 12 -18 months		<input type="checkbox"/> Puppy Sweeps 12-18 mos
<input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Veteran Sweeps 7-9 yrs
<input type="checkbox"/> Bred By Exhibitor		<input type="checkbox"/> Veteran Sweeps 9yrs & up
<input type="checkbox"/> Open		
<input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only	

BREED	VARIETY	SEX
--------------	----------------	------------

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

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

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 Kennel Club 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 _____

Email: _____

