



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

KILBRIDE & DISTRICT KENNEL CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0

- Friday, August 9
- Saturday, August 10
- Sunday, August 11
- Monday, August 12
- Limited Breed Group 5 - Friday
- Limited Breed (German Breeds) - Saturday
- Limited Breed Group 1 - Sunday
- Limited Breed France Breeds - Monday

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-ordered Catalogue

Breed	Variety	Sex
-------	---------	-----

Enter in the following classes:

- Baby Puppy
- Junior Puppy
- Senior Puppy
- 12-18 Months
- Canadian Bred
- Bred by Exhibitor
- Open
- Specials Only
- Exhibition Only
- Novice/Owner/Handler Competition (Saturday)
- Novice/Owner/Handler Competition (Sunday)

Reg. Name of Dog _____

Check One and Enter Number Here

- C.K.C.Reg.No.
- C.K.C.ERN No.
- C.K..C.Misc.Cert.No.
- Listed (no C.K.C.No.)

Date of Birth _____ Is this a Puppy?
 D ___ M ___ Y ___ YES NO

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City	Prov.	Postal Code
------	-------	-------------

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City	Prov.	Postal Code
------	-------	-------------

Email / Mail I.D.to

- Owner.
- Agent

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NO. _____

I certify that I am the registered owner(s) of the 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.

EMAIL: _____

CREDIT CARDS - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security Code _____