



Official Canadian Kennel Club Entry Form
 MEDICINE HAT CANINE ASSOCIATION
 May 14th, 15th and 16th, 2010

ENTRIES CLOSE 9:00 pm , April 16th, 2009
 MAIL OR COURIER TO: Mrs. Linda Barnes, Show Secretary, 54 Rothwell Cres., Regina, Sask. S4N 1R6
 Make cheques payable to Medicine Hat Canine Association - Credit Card payments processed by dogshow.ca

FRIDAY: CONFORMATION SATURDAY: CONFORMATION SUNDAY: CONFORMATION
 OBEDIENCE Trial 1 OBEDIENCE Trial 2 RALLY Trial 3
 RALLY Trial 1 RALLY Trial 2

I enclose \$ _____ Entry fee \$ _____ Listing Fee \$ _____ Catalogue: \$ _____

Breed:	Variety	Sex:
Enter in the following classes:		
CONFORMATION	OBEDIENCE	RALLY OBEDIENCE
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Novice A	<input type="checkbox"/> Novice A <input type="checkbox"/> Novice B
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Novice B	<input type="checkbox"/> Advanced A <input type="checkbox"/> Advanced B
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Open	<input type="checkbox"/> Excellent A <input type="checkbox"/> Excellent B
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Utility		Jumps: Width _____ Height _____

Reg'd Name of Dog: _____

Check on and Enter Number Here	Date of Birth	On show date is this a puppy?
<input type="checkbox"/> _CKC Reg No. <input type="checkbox"/> CKC Misc.Cert.No.	D ____ M ____ Y ____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> CKC ERN No. <input type="checkbox"/> Listed	Place of Birth	
Number: _____	Canada <input type="checkbox"/> Elsewhere <input type="checkbox"/>	

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____ CKC # _____

Owners address _____

City	Province	Postal Code
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Name of Owner's Agent (if any) at the show _____

Agent's Address _____ Mail to: Owner Agent

City	Province	Postal Code
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Visa/MC # _____

Name(Card Holder) _____ Exp Date: _____

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.

 Signature of Owner or Agent Telephone Number

MEDICINE HAT CANINE ASSOCIATION
 Reserved Benching ONLY Form
 Please DO NOT mail this form with your Show and Trial entries
 Complete the form and mail to:
 Diane Stepple 7 - 11411 Black & White Trail
 Cypress County, AB T1B 0L1

With Power each 10 ft x 15 ft site \$40.00 (per weekend) # of sites needed: _____ x 40.00 = # of Dogs _____ Breeds: (Please print clearly) Name: _____ Phone # _____ E Mail : _____ TOTAL:	No Power each 10 x 15 site \$15.00 (per weekend) # of sites needed: _____ x 15.00 = # of Dogs _____ Breeds: (Please print clearly) Name: _____ Phone # _____ E Mail : _____ TOTAL:
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Payment is by (cheque or money order only (NO CREDIT CARDS) made out to: Medicine Hat Canine Association and must be received prior to the closing date of the show. For verification of forms received Contact Diane at: Email: pekes@shockware.com Phone: 1-403-529-5393. ****NOTE****
 If you would like to be benched beside someone, then only one of your party book the number of sites needed under one name only and include payment for all sites you have booked. It is your responsibility to collect from your friends

MEDICINE HAT CANINE ASSOCIATION
 CAMPING ONLY FORM
 Please DO NOT mail this form with your Show and Trial entries
 Complete the form and mail to: Diane Stepple 7 - 11411 Black & White Trail
 Cypress County, AB T1B 0L1
 Form and payment (cheque or money order only (NO CREDIT CARDS)(made out to Medicine Hat Canine Association) must be received prior to the closing date of the show.
 For verification (that I have your camping spot saved)Contact Diane at:
 Email: pekes@shockware.com
 Phone: 1-403-529-5393.

Along Side The Building With Power By Phone Reservation ONLY Limited sites (14) \$60.00 (per weekend) Length of unit: _____ # of slide outs _____ # of sites needed: _____ Days: Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> (Please print clearly) Name: _____ Phone # _____ TOTAL:	All other Camping \$45.00 (per weekend) # of sites needed: _____ Days: Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> (Please print clearly) Name: _____ Phone # _____ E Mail : _____ TOTAL: E Mail : _____
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****NOTE****
 To reserve along side the building please call or email Diane to book your spot, once verified then you can fill out the form. First 14 phone calls are verified. Camping "permit" can be picked up at the show secretary's table at the show when you arrive, and **MUST** be placed in the RV unit window. If no permit is visible camping fees will be collected again

