



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	<input type="checkbox"/> Novice A	<input type="checkbox"/> Novice B
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Advanced A
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Advanced B
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Excellent A
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Excellent B
<input type="checkbox"/> Open A	<input type="checkbox"/> Open B	
<input type="checkbox"/> Utility		

Jumps: Width _____ Height _____

Reg'd Name of Dog:

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

Breeder(s)

Sire

Dam

Reg'd Owner(s) _____ CKC # _____

Owners address

City _____ Province _____ Postal Code _____

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

Agent's Address _____ Mail to: Owner Agent

City _____ Province _____ Postal Code _____

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



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Jumps: Width _____ Height _____

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Breeder(s)

Sire

Dam

Reg'd Owner(s) _____ CKC # _____

Owners address

City _____ Province _____ Postal Code _____

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

Agent's Address _____ Mail to: Owner Agent

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