OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

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OFFICE USE

Fort St John Kennel Club May 19,20 & 21 2018

	I enclose \$ En		try Fees \$ Listing F		es \$	
May 19, 2018/ May 20, 2018/_ May 21,2018/ Prepaid Catalogue						
BREED				VARIETY	MALE	
Senior Puppy 12-18 Months Canadian Bred Bred By Exhibitor			Specials Only Baby Puppy Veteran Brace Exhibition Only	(3-6)m		
REG. NAME OF DOG						
CHECK ONE – AND - ENTER NUMBER BELOW		ELOW	DATE OF BIRTH		ON SHOW DATE IS THIS A PUPPY?	
	CERT. NO. CKC ERN NO.		/_ Month	/	YESNO	
CKC PEN N	0.		WOILII		E OF BIRTH ELSEWHERE	
BREEDER(S)						
SIRE						
DAM REG'D OWNER(S)						
OWNER'S ADDRESS						
CITY				PROV./STATE	POSTAL CODE	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW						
AGENT'S ADDRESS						
CITY				PROV./STATE	POSTAL CODE	
IDs will not be mailed - please supply email address below for entry confirmation						
VISA MASTERCARD AMERICAN EXPRESS						
CARD NO EXPIRY						
CARDHOLDER NAME (PLEASE PRINT)						
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	
E-MAIL:						

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Fort St John Kennel Club May 19,20 & 21 2018

OFFICE USE

I enclose \$ Entry Fees \$_ Listing Fees \$_ May 19, 2018 / May 20, 2018___/__ May 21,2018_ Prepaid Catalogue MALE FEMALE **BREED** VARIETY Specials Only **Junior Puppy** Senior Puppy **Baby Puppy** 12-18 Months Veteran Canadian Bred Brace **Bred By Exhibitor Exhibition Only** Exhibition Only (3-6)m Open **REG. NAME OF DOG** DATE OF BIRTH ON SHOW DATE CHECK ONE - AND - ENTER NUMBER BELOW IS THIS A PUPPY? CKC REG. NO. CKC ERN NO. CKC MISC. CERT. NO. _ YES ___ NO LISTED Year CKC PEN NO. Month PLACE OF BIRTH NUMBER: CANADA ELSEWHERE BREEDER(S) SIRE DAM REG'D OWNER(S) **OWNER'S ADDRESS** PROV./STATE POSTAL CODE NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW AGENT'S ADDRESS CITY PROV./STATE POSTAL CODE IDs will not be mailed - please supply email address below for entry confirmation ___ VISA ___ MASTERCARD AMERICAN EXPRESS CARD NO. EXPIRY _ CARDHOLDER NAME (PLEASE PRINT) _ 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 E-MAIL: