

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM <u>Elsie Murray Canine Center Society</u> NOVEMBER 9 & 10, 2018	OFFICE USE
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ Nov.9, 2018 / Nov.10,2018		
BREED _____		VARIETY _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Prepaid Catalogue <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Specials Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only		
REG. NAME OF DOG		
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month Day Year
ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NUMBER: _____		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> 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 _____
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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: _____		

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM <u>LADIES' KENNEL CLUB OF B.C.</u> NOVEMBER 11 & 12, 2018	OFFICE USE
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ Nov. 11, 2018 / Nov. 12, 2018		
BREED _____		VARIETY _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Specials Only <input type="checkbox"/> Prepaid Catalogue <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Exhibition Only <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open		
REG. NAME OF DOG		
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month Day Year
ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NUMBER: _____		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> 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 _____
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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: _____		

OFFICE USE	<div style="display: flex; justify-content: space-between; align-items: center;"> <div>OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM</div> <div> <u>Elsie Murray Canine Center Society</u> Obedience Trials November 10 & 11, 2018 </div> <div>OFFICE USE</div> </div>	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____		
Saturday, Nov. 10, 2018 ____/Sunday Nov. 11, 2018 ____ <b style="color: red;">A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES		
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PreNovice <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Novice C <input type="checkbox"/> Novice Intermediate <input type="checkbox"/> Open 18A <input type="checkbox"/> Open 18B </div> <div> <input type="checkbox"/> Utility A <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Open HA <input type="checkbox"/> Open HB </div> <div> JUMPS Height _____ Width _____ _____ <i>Prepaid Catalogue</i> </div> </div>		
REG. NAME OF DOG		
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CCN <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED	DATE OF BIRTH _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> 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
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		
CARD NO. _____ EXPIRY _____ / _____		
CARDHOLDER NAME (PLEASE PRINT) _____		
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SIGNATURE OF OWNER OR AGENT _____		Telephone number _____
E-MAIL:		