E-mail address

OFFICIAL CKC ENTRY FORM

COLITH WESTERN ONTARIO CRANIEL CILIR

SOUTH WESTERN ONTARIO SPANIEL CLUB	SOUTH WESTERN ONTARIO SPANIEL CLUB
October 17 th , 2020 FISHERVILLE, ONTARIO	October 17 th , 2020 FISHERVILLE, ONTARIO
EVENT INFORMATION	EVENT INFORMATION
FEES: Entry Fee \$ TCN # Fee \$ Total Enclosed	FEES: Entry Fee \$TCN # Fee \$Total Enclosed
Sat. October 17	Sat. October 17 -
Amateur Stake - \$275.00	Amateur Stake - \$275.00
TCN # Fees - \$12.00	TCN # Fees - \$12.00
DOG INFORMATION This is to certify that this dog IS / IS NOT qualified for a limit stake.	DOG INFORMATION This is to certify that this dog IS / IS NOT qualified for a limit stake
Registered Name of Dog: Call Name:	Registered Name of Dog: Call Name:
Breed: Male Female	Breed: Male Female
CKC Registration # CKC Miscellaneous # NUMBER:	CKC Registration # CKC Miscellaneous # NUMBER:
CKC ERN # TCN #	CKC ERN # TCN #
Date of Birth:/	Date of Birth: / Place of Birth Canada Elsewhere
BREEDER(S)	BREEDER(S)
SIRE	SIRE
DAM	DAM
DANI	
REG'D OWNER OR Lessee	REG'D OWNER OR Lessee
OWNER'S ADDRESS or Lessee	OWNER'S ADDRESS or Lessee
N	Name of Handley
Name of Handler CREDIT CARD ENTRIES ONLY VISA MASTERCARD AMERICAN EXPRESS	Name of Handler CREDIT CARD ENTRIES ONLY VISAMASTERCARD AMERICAN EXPRESS
CARD NOEXPIRY DATE/_	CARD NOEXPIRY DATE/_
CARDHOLDER NAME (PLEASE PRINT)	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 actual 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	Signature of Owner or Agent Telephone Number

E-mail address

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