





Office Use	 Official Canadian Kennel Club Entry Form Wild Rose English Springer Spaniel Association of Alberta Regional Specialty – July 11, 2019		Office Use
<small>Entry Fees</small>	<small>Listing Fees</small>	<small>Miscellaneous</small>	<small>Total</small>
PLEASE TYPE OR PRINT CLEARLY			
SPANIEL (English Springer)		Variety	<input type="checkbox"/> Male <input type="checkbox"/> Female
ENTER IN THE FOLLOWING CLASSES			
CONFORMATION		SWEEPSTAKES	
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN <input type="checkbox"/> VETERAN (7 - 9 YEARS) <input type="checkbox"/> VETERAN (9 - 12 YEARS) <input type="checkbox"/> VETERAN (12+ YEARS) <input type="checkbox"/> SPECIALS ONLY		<input type="checkbox"/> BABY PUPPY <input type="checkbox"/> STUD DOG & GET <input type="checkbox"/> BROOD BITCH & PROGENY <input type="checkbox"/> BRACE <input type="checkbox"/> GENERATIONAL <input type="checkbox"/> EXHIBITION <input type="checkbox"/> EXHIBITION (3 - 6 MONTH)	
		JUVENILE <input type="checkbox"/> 3 - 6 MONTHS <input type="checkbox"/> 6 - 9 MONTHS <input type="checkbox"/> 9 - 12 MONTHS <input type="checkbox"/> 12 - 15 MONTHS <input type="checkbox"/> 15 - 18 MONTHS VETERAN <input type="checkbox"/> 7 - 9 YEARS <input type="checkbox"/> 9 - 12 YEARS <input type="checkbox"/> 12+ YEARS	
		<input type="checkbox"/> PREPAID CATALOGUE	
REGISTERED NAME OF DOG			
Check One		Date of Birth	Place of Birth
<input type="checkbox"/> CKC Registration # <input type="checkbox"/> Listed <input type="checkbox"/> CKC ERN #		DD / MM / YY	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
Number		Is this a Puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Breeder(s)			
Sire			
Dam			
Registered Owner(s)			
Owner Address			
City, Prov/State, Postal/Zip Code			
Agent/Handler (if any)			
Agent/Handler Address			
City, Prov/State, Postal/Zip Code			
ID's will not be mailed – Please supply email address below for entry confirmation			
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Card Number		Expiry Date MM / YY	
Card Holder 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			
eMail		Telephone	

Office Use	 <p>Official Canadian Kennel Club Entry Form</p> <p>Wild Rose English Springer Spaniel Association of Alberta</p> <p>Regional Specialty – July 12 & 13, 2019</p>		Office Use	
Entry Fees		Listing Fees	Miscellaneous	Total
PLEASE TYPE OR PRINT CLEARLY				
SPANIEL (English Springer)			Variety	<input type="checkbox"/> Male <input type="checkbox"/> Female
ENTER IN THE FOLLOWING CLASSES				
OBEDIENCE (Fri)		RALLY OBEDIENCE (Sat)		
<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> OPEN HA <input type="checkbox"/> OPEN 18A <input type="checkbox"/> OPEN HB <input type="checkbox"/> OPEN 18B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B		<input type="checkbox"/> BRACE <input type="checkbox"/> TEAM <input type="checkbox"/> VETERAN <input type="checkbox"/> EXHIBITION <input type="checkbox"/> EXHIBITION (3 - 6 MONTH) <input type="checkbox"/> PREPAID CATALOGUE		
JUMP HEIGHT _____		JUMP HEIGHT _____		
REGISTERED NAME OF DOG				
Check One		Date of Birth	Place of Birth	Is this a Puppy?
<input type="checkbox"/> CKC Registration # <input type="checkbox"/> Listed <input type="checkbox"/> CKC ERN #		DD / MM / YY	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number _____				
Breeder(s) _____				
Sire _____				
Dam _____				
Registered Owner(s) _____				
Owner Address _____				
<small>City, Prov/State, Postal/Zip Code</small>				
Agent/Handler (if any) _____				
Agent/Handler Address _____				
<small>City, Prov/State, Postal/Zip Code</small>				
ID's will not be mailed – Please supply email address below for entry confirmation				
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express				
Card Number _____			Expiry Date MM / YY	
Card Holder 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 _____				
eMail _____			Telephone _____	