



OFFICIAL CKC ENTRY FORM
CENTRAL ONTARIO SPANIEL CLUB

June 20th & 21th 2020

ERIN, ONTARIO

EVENT INFORMATION

FEES: Entry Fee \$ _____ TCN # Fee \$ _____ Total Enclosed _____

STAKES ENTERED

Sat. June 20

____ Amateur Stake - \$130.00
 ____ Limit Stake - \$50.00
 ____ TCN # Fees - \$12.00

Sat. June 20

____ Water Test \$15.00
 ____ TCN # fee \$12.00

Sun. June 21

____ Amateur Stake - \$130.00
 ____ Puppy Stake - \$50.00
 ____ TCN # Fees - \$12.00

OG INFORMATION

This is to certify that this dog IS / IS NOT qualified for a limit stake.

Registered Name of Dog: _____ Call Name: _____

Breed: _____ Male _____ Female _____

CKC Registration # _____ CKC Miscellaneous # _____

NUMBER:

CKC ERN # _____ TCN # _____

Date of Birth: ____/____/____ Place of Birth Canada ____ Elsewhere ____
 Day Month Year

BREEDER(S)

SIRE

DAM

REG'D OWNER OR Lessee

OWNER'S ADDRESS or Lessee

Name of Handler

CREDIT CARD ENTRIES ONLY ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CARD NO. _____ EXPIRY DATE ____/____/____

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 _____

E-mail address _____

PLEASE COMPLETE THIS FORM AND RETURN IT WITH YOUR ENTRY FORM AND PAYMENT IN FULL PRIOR TO THE CLOSING DATE

NAME: _____

ADDRESS: _____

PROV./STATE: _____ PC/ZIP _____ TEL:(____) _____

e-mail: _____

SATURDAY, June 20, 2020

Amateur Stake: #Dogs: _____ x \$130.00 _____

Limit Stake: #Dogs: _____ x \$50.00 _____

Water Test: #Dogs: _____ x \$15.00 _____

TCN # Fees: #Dogs: _____ x \$12.00 _____

SUNDAY, June 21, 2020

Amateur Stake: #Dogs: _____ x \$130.00 _____

Puppy Stake: #Dogs: _____ x \$50.00 _____

TCN # Fees: #Dogs: _____ x \$12.00 _____

2 breakfasts, 2 lunches and Saturday night banquet

Per person _____ x \$30.00 _____

Saturday night banquet

Per person _____ x \$15.00 _____

Patron List: _____ \$10.00 _____

TOTAL \$ _____

THANK YOU FOR YOUR SUPPORT

Please make cheques payable to:
 CENTRAL ONTARIO SPANIEL CLUB

Signature: _____