

Official Canadian Kennel Club Entry Form

Administrative use only

## **New Brunswick Kennel Club**

18th ~ 20<sup>th</sup> August 2023

[ ] Show #1 [ ] Show #2 [ ] Sho	w #3 [ ] Show #4		1					
Regular Entry Fee x \$32.00 =	Exhibition	Only x \$1	0.00					
Baby Puppy/Veteran x \$15.00 =	Catalogue	e x \$1	0.00					
TCN Fees x \$11.50 =	TOTAL E	NCL \$						
Trailer/RV/Tent (Required Form & Funds Enclosed – See Premium List) \$								
Make Cheques Payable To ~ NEW BRUNSWICK KENNEL CLUB								
Please Print or type CLEARLY								
Enter one only of the following Regular Class	<u>sses</u>	Non-Regula	ar Classes					
[ ] Jr Puppy)	] Bred by Exhibitor	[ ] 4-6 mo	nth (Baby Puppy)					
[ ] Sr Puppy [	] Open	[ ] Vetera	ns					
[ ] 12-18 Month [	] Specials							
[ ] Canadian Bred [	] Exhibition Only							
BREED	VAR	RIETY	SEX					
NAME OF DOG								
	Date Of Bi	rth	Is this a puppy?					
Check one & enter Reg # here CKC Reg #			YES NO					
CKC ERN #	Day M	onth Year	120					
CKC MSC #								
TCN	Place Of B	Sirth Canada	I Elsewhere					
BREEDER								
SIRE								
DAM								
REG. OWNER								
OWNER ADDRESS								
CITY	PROV	POST CODE						
AGENT NAME								
AGENT ADDRESS								
CITY	PROV	POST CODE						
Mail ID to: OWNE	R or AG	ENT						
I CERTIFY that I am the registered owner(s) of this 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 Federation of Canada and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.								
Signature of agent or owner		Phone Number						
Email:								

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Ma	ake Cheques Payable T	o ~ NEW B	RUNSWICK	KENNEL CLUE	3
1			CLEARL		
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[ ] Jr Puppy)	]	] Bred by	Exhibitor	[ ] 4-6 mo	onth (Baby Puppy)
[ ] Sr Puppy	]	] Open	[ ] Veterans		
[ ] 12-18 Month	[	] Special:	s		
[ ] Canadian Bred	]	] Exhibiti	ion Only		
BREED			VAR	IETY	SEX
NAME OF DOG					
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Check one & enter Re	g # nere				YES NO
CKC ERN #			Day Mo	onth Year	1.20
CKC MSC #		_ [			
TCN			Place Of B	irth Canada	a Elsewhere
BREEDER					
SIRE					
DAM					
REG. OWNER					
OWNER ADDRESS					
CITY		PROV		POST CODE	
AGENT NAME					
AGENT ADDRESS					
CITY		PROV		POST CODE	
	Mail ID to: OWNE	R or	AG	ENT	
I have entered above and acce agree to be bound by the rules the premium list.Also, by sign	stered owner(s) of this dog or tha pt full responsibility for all states and regulations of the Canadian ing this form I certify that I will dent or misfortune however cause	nt I am the authorized in Federation of the not hold the Sh	orized agent of this entry. In co Canada and by	the owner(s) whose na onsideration of the acce any additional rules an	eptance of this entry, I(we) and regulations appearing in
Signature of agent o	rowner		Ī	Phone Number	
Email:					
a					