0	FFIC	IAL CANADIAN	KEI	NNEL (CLUB	FORM			
		CONFOF	RM	ATIC	N				
NAR VI	сто	RIA COUNT	ΓY	KENI	NEL	CLUB			
□ Fri. APRIL 28, 2017 Show #1									
CAROANIA		Fri. APRIL 28, 2017 Show #2					ENTRY FEES \$ (\$30.00 per show)		
CLOSING DATE: 8 p.m.		Sat. APRIL 2					STING FE 9.60 per sl	\$	
WEDNESDAY, APRIL 12, 2017 Sun. APRIL 30, 2017 or when the limit is reached							BY PUPP	\$	
for Friday, April 28, 2017 Make fees payable to						EX	EXHIBITION ONLY \$ (\$10.00)		
Victoria County Kennel Club and mail to:						CA	TALOGUI		\$
MJN Show Services 9 Samya Court							5.00 each))TAL enclo		\$
Scarborough, ON M1R 2A4 Please type or print clearly								JSeu	\$
Breed					Varie	ty			Sex
Enter in the following Classes: Junior Puppy Senior Puppy 12 - 18 Month Canadian Bred Bred by Exhibitor Reg. Name of Dog					ecials by Pu	s Only ippy (Sat. & S on Only	Sun. Only))	
Check One – and – Enter Number here				Date of Birth			Is this a puppy?		
CKC Reg. No.				D	1	V Y		YE	S NO
CKC ERN No. CKC Misc. Cert. No.							Place of	Birth	
Listed							Cana	ada	Elsewhere
Breeder(s)									
Sire									
Dam									
Reg'd Owner(s)									
Owner's Address									
City			Prov	Ι.		Code			
Name of Owner's Agent (if any) at the Show									
Agent's Address									
City			Prov	Ι.		Code			
Mail I.D. to D Owner or D Agent Email									
FAX/CREDIT CARD ENTRIES		A Card No.							Expiry
Name of Cardholder			s	ignature					

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.