OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Fraser Valley Dog Fanciers

Mail Entries to: Arcticdreams Show Services Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0 Make cheques payable to: Fraser Valley Dog Fanciers Show dates: Entries Close Monday 10 PM PDT on September 23, 2019

		I		= TOTAL S						
PLEASE PRINT OR TY										
<u>Conformation</u> <u>Obedi</u>										
Friday Saturday		Saturday Sunday			Sunday Terrier Group (ONLY)					
Saturday		Sunday								
Monday										
Enter in the Following Classes										
Confor	mation Classes	Sweepstakes Classes		Obedience Classes						
			_	Pre-Novice	On an IIA					
Baby Puppy Junior Puppy	Bred By Exhibitor	Baby Puppy Junior Puppy		Novice A	Open HA Open HB					
Junior Puppy Senior Puppy	Open	Junior Puppy Senior Puppy		Novice B						
12 - 18 Month	Open Specials	12 – 18 Month		Novice C	Open 18A					
Canadian Bred	Veterans			Inter. Novice	Open 18B					
					Utility A					
					Utility B					
Exhibition OnlyExhibition Only (3-6 Month)			JUMP HI	JUMP HEIGHT						
DDEED				VARIETY		SEX				
BREED				VARIETY		-				
						□ Male				
						□ Female				
Reg. Name of Dog (CKC Titles ONLY please)										
Check one & Enter CKC Number:				DOB/	/ On	the show Date is this a				
CICINES, NO.		CKC PEN. No.		Day Mont	h Year PU	PPY?				
CKC ERN No.		CKC Companion Number			-	YES NO				
CKC Misc. Cert. No.NUMBER:		Listed (no CKC No.)			-	NO				
			_							
PLACE OF BIRTH CANADA ELSEWHERE										
BREEDER(S)										
SIRE										
DAM				DAM						
REG. OWNER(S)										
OWNER(S) ADDRESS										
OWNER(S) ADDRESS										
OWNER(S) ADDRESS CITY:		PROV./S	TATE:		POSTAL CODE:					
		PROV./S	TATE: CKC Men	ıbership #	POSTAL CODE:					
CITY: Telephone Number	GENT (IF ANY) AT THE SE			abership #	POSTAL CODE:					
CITY: Telephone Number	GENT (IF ANY) AT THE SH			ıbership #	POSTAL CODE:					
CITY: Telephone Number NAME OF OWNER'S A	GENT (IF ANY) AT THE SE		CKC Men	ıbership #	POSTAL CODE: POSTAL CODE:					
CITY: Telephone Number NAME OF OWNER'S A AGENT'S ADDRESS CITY:	GENT (IF ANY) AT THE SF IDS WILL NOT BE MAILEI	IOW PROV./S	CKC Men		POSTAL CODE:					
CITY: Telephone Number NAME OF OWNER'S A AGENT'S ADDRESS CITY: Email Address to send co	IDS WILL NOT BE MAILEI	IOW PROV./S	CKC Men		POSTAL CODE:					
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CITY: Telephone Number NAME OF OWNER'S A AGENT'S ADDRESS CITY: Email Address to send co VISA Card No	IDS WILL NOT BE MAILEI Infirmation to _MASTERCARD	IOW PROV./S <u>)- PLEASE SUPPLY EMAII</u>	CKC Men TATE: L ADDRESS	S BELOW FOR ENTRY	POSTAL CODE: CONFIRMATION					
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CITY: Telephone Number NAME OF OWNER'S A AGENT'S ADDRESS CITY: Email Address to send co VISA Card No. CARDHOLDERS NAMI	IDS WILL NOT BE MAILEI onfirmation to _MASTERCARD E (PLEASE PRINT) d owner(s) of the dog or that I am th	IOW PROV./S D- PLEASE SUPPLY EMAIL AUTHORIZATION & GE ae authorized agent of the owner(s)	CKC Men TATE: L ADDRESS NERAL AGF whose name(s	S BELOW FOR ENTRY EXPIRY EXPIRY EEMENT Thave entered above and ac	POSTAL CODE: <u>CONFIRMATION</u> / / cept full responsibility for all					
CITY: Telephone Number NAME OF OWNER'S A AGENT'S ADDRESS CITY: Email Address to send co VISA Card No. CARDHOLDERS NAMI I certify that I am the registeree entry. In consideration of the a	IDS WILL NOT BE MAILEI onfirmation to _MASTERCARD E (PLEASE PRINT)	IOW PROV./S D- PLEASE SUPPLY EMAIL AUTHORIZATION & GE ae authorized agent of the owner(s)	CKC Men TATE: L ADDRESS NERAL AGF whose name(s	S BELOW FOR ENTRY EXPIRY EXPIRY EEMENT Thave entered above and ac	POSTAL CODE: <u>CONFIRMATION</u> / / cept full responsibility for all					
CITY: Telephone Number NAME OF OWNER'S A AGENT'S ADDRESS CITY: Email Address to send co VISA Card No. CARDHOLDERS NAMI I certify that I am the registered entry. In consideration of the a premium list.	IDS WILL NOT BE MAILEI onfirmation to _MASTERCARD E (PLEASE PRINT) d owner(s) of the dog or that I am th acceptance of this entry, I (we) agree	IOW PROV./S D- PLEASE SUPPLY EMAIL AUTHORIZATION & GE the authorized agent of the owner(s) the to abide by the rules and regulation	CKC Men TATE: L ADDRESS NERAL AGF whose name(sons of the Cana	BELOW FOR ENTRY EXPIRY EXPIRY EXPIRY Inave entered above and ac adian Kennel Club and by an	POSTAL CODE: <u>CONFIRMATION</u> / / cept full responsibility for all additional rules and regulation	ns appearing in the				
CITY: Telephone Number NAME OF OWNER'S A AGENT'S ADDRESS CITY: Email Address to send co VISA Card No. CARDHOLDERS NAMI I certify that I am the registered entry. In consideration of the a premium list.	IDS WILL NOT BE MAILEI onfirmation to _MASTERCARD E (PLEASE PRINT) d owner(s) of the dog or that I am th acceptance of this entry, I (we) agree Handler: X	IOW PROV./S D- PLEASE SUPPLY EMAIL AUTHORIZATION & GE the authorized agent of the owner(s) the to abide by the rules and regulation	CKC Men TATE: L ADDRESS NERAL AGF whose name(sons of the Cana	S BELOW FOR ENTRY EXPIRY EEMENT I) I have entered above and ac adian Kennel Club and by an Email	POSTAL CODE: <u>CONFIRMATION</u> / / cept full responsibility for all additional rules and regulation	ns appearing in the				