

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM


**Western Great Dane Club of B.C.
Specialty Conformation Show**
 Friday March 25, 2016 Saturday March 26, 2016

Entries Close: 6:00pm – Wednesday March 10, 2016

 Show Secretary: Louise Davie
 WGDC c/o 24360 80th Avenue, Langley BC V1M 3P3
 info@compupets.com

 Entry Fees \$ _____ Listing Fees \$ _____ Catalogue \$ _____ P/F \$ _____ Total \$ _____
 (please refer to the premium list for entry fee amounts)

Breed: Great Dane	Colour:	Sex
Enter in the following class	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Stud Dog
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Brood Bitch
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Veteran 7-9 yrs	<input type="checkbox"/> Sweepstakes
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veteran 9 yrs +	<input type="checkbox"/> Sweeps 6-9
<input type="checkbox"/> 12 to 18 mths	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Brace
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Team
		<input type="checkbox"/> Parade Title
		<input type="checkbox"/> Parade Vet
		<input type="checkbox"/> Sweeps 9-12
		<input type="checkbox"/> Sweeps 12-18
		<input type="checkbox"/> Generations
		<input type="checkbox"/> Altered

Reg. Name of Dog

Check one and enter number here	Date of Birth
<input type="checkbox"/> CKC Reg. No.	M_____ D_____ Y_____
<input type="checkbox"/> CKC ERN No.	
<input type="checkbox"/> CKC Misc. Cert No.	Is this a puppy? Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> CKC PEN No.	Place of Birth Canada <input type="checkbox"/> Elsewhere <input type="checkbox"/>
<input type="checkbox"/> LISTED (No CKC/ERN No.)	

Breeder:

Sire:

Dam:

Reg. Owner:

Owner's Address:

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent:

Agent's Address:

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

 Visa Card Number: _____ Expiry Date: _____

 Mastercard Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____ Phone: _____

Email: _____

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM


**Western Great Dane Club of BC
Specialty Obedience Trial**
 Friday March 25, 2016 Saturday March 26, 2016

Entries Close: 6:00pm – Wednesday March 10, 2016

 Show Secretary: Louise Davie
 WGDC c/o 24360 80th Avenue, Langley BC V1M 3P3
 info@compupets.com

 Entry Fees \$ _____ Listing Fees \$ _____ Catalogue \$ _____ P/F \$ _____ Total \$ _____
 (please refer to the premium list for entry fee amounts)

Breed:	Colour:	Sex
Enter in the following class	Transition Classes	Unofficial Classes
<input type="checkbox"/> Novice A	<input type="checkbox"/> Utility A	<input type="checkbox"/> Pre-Novice
<input type="checkbox"/> Novice B	<input type="checkbox"/> Utility B	<input type="checkbox"/> Novice Intermediate
<input type="checkbox"/> Open A	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Novice C
<input type="checkbox"/> Open B		
		Jump Height _____
		Jump Width _____

Reg. Name of Dog

Check one and enter number here	Date of Birth
<input type="checkbox"/> CKC Reg. No.	M_____ D_____ Y_____
<input type="checkbox"/> CKC ERN No.	
<input type="checkbox"/> CKC Misc. Cert No.	Is this a puppy? Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> CKC PEN No.	Place of Birth Canada <input type="checkbox"/> Elsewhere <input type="checkbox"/>
<input type="checkbox"/> LISTED (No CKC/ERN No.)	

Breeder:

Sire:

Dam:

Reg. Owner:

Owner's Address:

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent:

Agent's Address:

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

 Visa Card Number: _____ Expiry Date: _____

 Mastercard Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____ Phone: _____

Email: _____