Medicine Hat KENNEL CLUB

OFFICIAL ENTRY FORM CONFORMATION **Saturday** ☐ SHOW #1

Sunday ☐ SHOW #3 ☐ SHOW #4



7	SHOW	#2

Friday

Cheques payable to 2 For the Show

Crieques payabl	CATALOGUE \$10:00					
FOR ENTRY FEES FOR LISTING FEES \$ Please type or print clearly						
Breed	1 166	Variety	•	Sex		
Enter in the followi	ng classes:		Sweepstak	es: 3-6mths		
☐ Junior Puppy	☐ Canadian Bred	☐ Specials Only	•	9-12mths □12-18mths		
☐ Senior Puppy	☐ Bred by Exhibitor		_	TEWARD WORKSHOP		
☐ 12-18 month	☐ Open ☐ 3-6mg		_	ING WORKSHOP		
Reg'd.		, ,				
Name of Dog:						
Check one - and - E	nter Number here	Date of Birth		Is this a puppy?		
CKC Reg. No.		D M	Y	Yes No		
CKC ERN No.			1 DI (D)			
☐ CKC Misc. No.			Place of Birt	<u>n</u> □ Elsewhere		
☐ Listed			Lanada	☐ Elsewnere		
Breeder(s)						
Sire						
Dam						
Reg'd. Owner(s)						
Owner's Address						
City		Prov.	Postal	Code		
Name of Owner's Ag	ent (if any) at the show					
Agent's Address						
City		Prov.	Postal	Code		
ID's will NOT be m	ailed – please provide	email address belo	w for entry co	onfirmation.		
	OGSHOW.CA TOLL-	FREE FAX ENTRIE	s: 1-877-99	3-6879		
□ Visa □ Mas	ster Card	ican Express				
Card #						
Name of Card H	older:		E	Expiry Date /		
			thorized agent of	of the owner(s) whose name(s)		
acceptance of this enti	and accept full responsibility, I(we) agree to be bound gulations appearing in the p	by the rules and regulati		consideration of the adian Kennel Club and by any		
	O					
SIGNATURE OF (OWNER OR AGENT	TELEPH	ONE NO.			
E-Mail			(Plas	ase print clearly)		
_ IVIUII			(1 16	add print diddiny		

OFFICIAL ENTRY FORM	CONFORMATION

Medicine Hat KENNEL CLUB

Friday ☐ SHOW #1 ☐ SHOW #2

Saturday ☐ SHOW #3 **Sunday** ☐ SHOW #4



Cheques payable to 2 For the Show CATALOGUE \$10.00					
ENCLOSE \$FOR ENTRY FEESFOR LISTING FEES \$ Please type or print clearly					
Breed	7 1000	Variety	-	Sex	
Enter in the following cla	asses:		Sweepstakes:	3-6mths	
☐ Junior Puppy ☐ 0	Canadian Bred I	☐ Specials Only	□6-9mths □9-12	mths □12-18mths	
		☐ Exhibition Only	☐ RING STEW	ARD WORKSHOP	
☐ 12-18 month ☐ 0	Open 🛮 3-6mont	h Exhibition Only	☐ HANDLING	WORKSHOP	
Reg'd.					
Name of Dog: Check one – and – Enter N	umher here	Date of Birth		s this a puppy?	
CKC Reg. No.	umber nere	ID M	Υ Ι'		
CKC ERN No.					
CKC Misc. No.			Place of Birth		
□CCN					
Listed		☐ Cana	da 🛘 Elsewhere		
Breeder(s)					
Sire					
Dam					
Reg'd. Owner(s)					
Owner's Address					
City		Prov.	Postal Code	е	
Name of Owner's Agent (if	any) at the show				
Agent's Address					
City		Prov.	Postal Code	Э	
ID's will NOT be mailed	– please provide e	email address belo	w for entry confirm	nation	
DOGS	HOW.CA TOLL-FI	REE FAX ENTRIE	s: 1-877-993-68	379	
☐ Visa ☐ Master C	Card □America	n Express			
Card #					
Name of Card Holder			Evniry	Date /	
I CERTIFY that I am the regis I have entered above and acceptance of this entry, I (we	stered owner(s) of the cept full responsibility	for all statements made	thorized agent of the entry. In consi	owner(s) whose name(s) deration of the	
additional rules and regulation	ns appearing in the pr	emium list.		• •	
SIGNATURE OF OWNE	R OR AGENT	TELEPH	ONE NO.		
E-Mail			(Please	print clearly)	