

	<b>Official Canadian Kennel Club Entry Form</b> <b>Halifax Kennel Club</b>	Administrative use only
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<input type="checkbox"/> Show 1 (Fri)	Entry fees: ___ x \$31.00 = _____	
<input type="checkbox"/> Show 2 (Sat)	Entry fees BP: ___ x \$20.00 = _____	
<input type="checkbox"/> Show 3 (Sat)	Ex. Only ___ x \$ 8.00 = _____	
<input type="checkbox"/> Show 4 (Sun)	TC Fees: ___ x \$11.00 = _____	
	Catalog: ___ x \$ 8.00 = _____	
<input type="checkbox"/> Catalog	Total: _____	

Please Print or type CLEARLY

**Enter in one only of the following classes**

**CONFORMATION**

<input type="checkbox"/> 4-6 Month Puppy (Fri, Sat & Sun show only)
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Open
<input type="checkbox"/> Senior Puppy <input type="checkbox"/> Specials Only
<input type="checkbox"/> 12-18 Month <input type="checkbox"/> Bred By Exhibitor
<input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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<b>NAME OF DOG</b>		
<b>Check one &amp; enter Reg # here</b> ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ CKC TCN	<b>Date Of Birth</b> _____ <small>Day    Month    Year</small>	Is this a puppy? YES ___ NO ___ <b>Place Of Birth</b> ___ Canada ___ Elsewhere

<b>BREEDER</b>
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<b>SIRE</b>
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<b>DAM</b>
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<b>REG. OWNER</b>
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<b>OWNER ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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<b>AGENT NAME</b>
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<b>AGENT ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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E Mail ID to: \_\_\_ OWNER or \_\_\_ AGENT

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 _____
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Email: \_\_\_\_\_

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<input type="checkbox"/> Show 1 (Sat)	Entry fees: ___ x \$31.00 = _____	
<input type="checkbox"/> Show 2 (Sat)	Entry fees BP: ___ x \$20.00 = _____	
<input type="checkbox"/> Show 3 (Sun)	Ex. Only ___ x \$ 8.00 = _____	
<input type="checkbox"/> Show 4 (Sun)	TC Fees: ___ x \$11.00 = _____	
	Catalog: ___ x \$ 8.00 = _____	
<input type="checkbox"/> Catalog	Total: _____	

Please Print or type CLEARLY

**Enter in one only of the following classes**

**CONFORMATION**

<input type="checkbox"/> 4-6 Month Puppy (Fri, Sat am & Sun show only)
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<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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<b>NAME OF DOG</b>		
<b>Check one &amp; enter Reg # here</b> ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ CKC TCN	<b>Date Of Birth</b> _____ <small>Day    Month    Year</small>	Is this a puppy? YES ___ NO ___ <b>Place Of Birth</b> ___ Canada ___ Elsewhere

<b>BREEDER</b>
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<b>SIRE</b>
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<b>DAM</b>
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<b>REG. OWNER</b>
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<b>OWNER ADDRESS</b>
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