

 <p>Official Canadian Kennel Club Entry Form</p> <p><b>PICTOU COUNTY KENNEL CLUB</b></p>	Administrative use only
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Enter all 4 Shows for \$100	Baby Puppy Fee ___ x \$30.00 = _____	Entry fees: ___ x \$30.00 = _____	Listing Fees: ___ x \$ 11.50 = _____	Ex. Only: ___ x \$ 7.00 = _____	Catalog: ___ x \$ 10.00 = _____	Total: _____
<input type="checkbox"/> Show 1	<input type="checkbox"/> Show 2	<input type="checkbox"/> Show 3	<input type="checkbox"/> Show 4	<input type="checkbox"/> Catalog		

Please Print or type CLEARLY

Enter in one only of the following classes

**CONFORMATION**

<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred By Exhibitor
<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"/> Altered
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> Veterans	

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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**NAME OF DOG**

<b>Check one &amp; enter Reg # here</b>	<b>Date Of Birth</b>	<b>Is this a puppy?</b>
___ CKC Reg #	___ / ___ / ___	YES ___ NO ___
___ CKC ERN #	Day Month Year	
___ CKC MSC # _____	<b>Place Of Birth</b> ___ Canada ___ Elsewhere	
___ Listed		

**BREEDER**

**SIRE**

**DAM**

**REG. OWNER**

**REG. OWNER**

**OWNER ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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**AGENT NAME**

**AGENT ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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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 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, 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 \_\_\_\_\_ Email \_\_\_\_\_

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Enter all 4 Shows for \$100	Baby Puppy Fee ___ x \$20.00 = _____	Entry fees: ___ x \$26.00 = _____	Listing Fees: ___ x \$ 9.80 = _____	Ex. Only: ___ x \$ 7.00 = _____	Catalog: ___ x \$ 10.00 = _____	Total: _____
<input type="checkbox"/> Show 1	<input type="checkbox"/> Show 2	<input type="checkbox"/> Show 3	<input type="checkbox"/> Show 4	<input type="checkbox"/> Catalog		

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___ Listed		

**BREEDER**

**SIRE**

**DAM**

**REG. OWNER**

**REG. OWNER**

**OWNER ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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**AGENT ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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