



OFFICIAL CANADIAN KENNEL CLUB FORM  
**THE ST. FRANCIS KENNEL & OBED. CLUB**  
 Mail to: Diana Edwards Show Services  
 1562 Route 203, Howick, Qc J0S 1G0

**OWNER HANDLED - Samedi / Saturday**

- |                         |                              |                              |
|-------------------------|------------------------------|------------------------------|
| Conformation            | Obedience                    | Rally Obedience              |
| ( ) Thurs, June 7 - # 1 | ( ) Sat. June 9 - Trial # 1  | ( ) Sat. June 9 - Trial # 1  |
| ( ) Thurs, June 7 - # 2 | ( ) Sat. June 9 - Trial # 2  | ( ) Sat. June 9 - Trial # 2  |
| ( ) Fri. June 8 - # 3   | ( ) Sun. June 10 - Trial # 3 | ( ) Sun. June 10 - Trial # 3 |
| ( ) Sat. June 9 - # 4   | ( ) Sun. June 10 - Trial # 4 | ( ) Sun. June 10 - Trial # 4 |
| ( ) Sun. June 10 - # 5  | ( ) Catalogue - \$8.00       |                              |

Total: \$      Entry Fees: \$      Listing Fees: \$      Catalogue: \$

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Breed      Variety      Sex

- |  |  |                                     |                                    |
|--|--|-------------------------------------|------------------------------------|
| Enter in the following classes:            | <input type="checkbox"/> Pre-Novice      | <input type="checkbox"/> Open HB    | <input type="checkbox"/> Novice A  |
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Open            | <input type="checkbox"/> Novice A   | <input type="checkbox"/> Open 18B  |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Specials Only   | <input type="checkbox"/> Novice B   | <input type="checkbox"/> Utility A |
| <input type="checkbox"/> 12-18 Months      | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Novice C   | <input type="checkbox"/> Utility B |
| <input type="checkbox"/> Canadian Bred     | :  | <input type="checkbox"/> Nov. Inter | <input type="checkbox"/> Adv. A    |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Baby Puppy      | <input type="checkbox"/> Open HA    | <input type="checkbox"/> Adv. B    |
|  |  | <input type="checkbox"/> Open 18A   | <input type="checkbox"/> Exc A     |
|  |  |                                     | <input type="checkbox"/> Exc.B     |
|  | <b>Obed Jump:</b>                        |                                     | <b>Rally Jump:</b>                 |

Reg. Name of Dog \_\_\_\_\_

- Check One and Enter Number Here
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CKC Reg.No.                                     | Date of Birth  | Is this a Puppy?   |
| <input type="checkbox"/> CKC ERN No.                                     | D ___ M ___ Y ___  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> CKC Misc. Cert. No.                             | Place of Birth   |  |
| <input type="checkbox"/> Listed (no C.K.C.No.)                           | <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere |  |
| <input type="checkbox"/> CKC PEN No <input type="checkbox"/> CKC CCN No. |  |  |
- Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner(s) Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Owner's Agent (if any) at the Show \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Mail / email I.D. to:  
 Owner  Agent

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

I certify that I am the registered owner(s) of the 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.

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

**VISA / Mastercard / Amex – Fax: (450) 825-0894 or email: [diana@dess.ca](mailto:diana@dess.ca)**

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Security Code \_\_\_\_\_