OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE



## Yukon Kennel Club June 15,16 & 17 2018

FFICE USE

	RPORTIES CONTRACTOR OF THE PROPERTY OF THE PRO							
I enclose \$	Entry Fees	\$Listing	g Fees \$	Prepaid Catalogu	e\$			
Show 1_	Show 2_	_Show 3	_Show 4	Show 5	Show 6			
BREED				VARIETY	MALE FEMALE			
Junior Puppy Specials Only Senior Puppy Baby Puppy  12-18 Months Exhibition Only Canadian Bred Exhibition Only (3-6)m Bred By Exhibitor Veterans Open Altered								
REG. NAME OF	DOG		DATE OF BIRTH		ON SHOW DATE IS			
CHECK ONE – AND - ENTER NUMBER BELOW  CKC REG. NO. CKC MISC. CERT. NO. LISTED			/_	//	THIS A PUPPY? YESNO			
	CRC PEN NO.		Month	Day Year PLA CANADA	ACE OF BIRTH			
NUMBER:				CANADA	A ELSEWHERE			
BREEDER(S)								
SIRE								
DAM								
REG'D OWNER(S	5)							
OWNER'S ADDR	ESS							
CITY				PROV./STATE	POSTAL CODE			
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW								
AGENT'S ADDRE	SS							
CITY				PROV./STATE	POSTAL CODE			
IDs will not be mailed - please supply email address below for entry confirmation								
VISAMASTERCARD AMERICAN EXPRESS  CARD NO EXPIRY/  CARDHOLDER NAME (PLEASE PRINT)								
CARDHOLDER N	AMÉ (PLEASE F	'RINT)			<del></del>			
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.								
SIGNATURE O	F OWNER OR	AGENT	Telephone number					
E-MAIL:								

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BREED				VARIETY	MALE FEMALE
Junio Senio 12-18 M Canac Bred I Open	r Puppy onths lian Bred		Specials Only Baby Puppy Exhibition Only Exhibition Only ( Veterans Altered		
REG. NAME OF			DAT	E OF BIRTH	ON SHOW DATE
CKC REG. I	CERT. NO.	JMBER BELOW  CKC ERN NO LISTED			IS THIS A PUPPY?YESNO
CKC PEN N	ю. –		MONTH		CE OF BIRTH
BREEDER(S)				•	
SIRE					
DAM  REG'D OWNER(S  OWNER'S ADDR	,				
CITY	<u> </u>			PROV./STATE	POSTAL CODE
NAME OF OWNE (IF ANY) AT THE					•
AGENT'S ADDRE	SS				
CITY				PROV./STATE	POSTAL CODE
IDs will no	ot be mailed	– please su	oply email addr	ess below for e	ntry confirmation
CARD NO.		_	AMERICAN EXPR		XPIRY/
CARDHOLDER N	IAME (PLEASE F	PRINT)			
have entered abo	ve and accept full agree to be boun	responsibility for d by the rules an	all statements made i	n this entry. In consid	e owner(s) whose name(s) I deration of the acceptance of and by any additional rules
SIGNATURE C	F OWNER OR	AGENT	<del></del>		Telephone number
E-MAIL:					