

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Lakes District Kennel Club May 7 & 8, 2016	OFFICE USE
------------	---	------------

I enclose
 \$_____ Entry Fees \$_____ Listing Fees \$_____ *Prepaid Catalogue*\$_____

May 7 ,2016 Show 1 **Show 2** / **May 8,2016 Show 3** **Show 4**

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
--------------	---------	--

<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Juvenile Sweeps
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Baby Puppy	
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> 6 - 9 Months
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only (3-6)m	<input type="checkbox"/> 9 - 12 Months
<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Veterans Sweeps7-10	<input type="checkbox"/> 12-18 Months
<input type="checkbox"/> Open	<input type="checkbox"/> Veterans Sweeps10 +	

REG. NAME OF DOG

CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	DATE OF BIRTH _____ / _____ / _____ Month / Day / Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	---

NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
---------	--

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------

IDs will not be mailed – please supply email address below for entry confirmation

VISA MASTERCARD AMERICAN EXPRESS
 CARD NO. _____ EXPIRY _____ / _____

CARDHOLDER NAME (PLEASE PRINT) _____

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 OF OWNER OR AGENT _____ Telephone number _____

E-MAIL: _____

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Lakes District Kennel Club May 7 & 8, 2016	OFFICE USE
------------	---	------------

I enclose
 \$_____ Entry Fees \$_____ Listing Fees \$_____ *Prepaid Catalogue*\$_____

May 7 ,2016 Trial 1 **Trial 2** / **May 8 ,2016 Trial 3** **Trial 4**

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
--------------	---------	--

<input type="checkbox"/> NOVICE A	<input type="checkbox"/> PRE-NOVICE	<input type="checkbox"/> <i>Prepaid Catalogue</i>
<input type="checkbox"/> NOVICE B	<input type="checkbox"/> NOVICE C	
<input type="checkbox"/> OPEN A	<input type="checkbox"/> NOVICE INTERMED	JUMP HEIGHT _____
<input type="checkbox"/> OPEN B		
<input type="checkbox"/> UTILITY A		<input type="checkbox"/> EXHIBITION ONLY OBED
<input type="checkbox"/> UTILITY B		<input type="checkbox"/> Exhibition Only (3-6)m

REG. NAME OF DOG

CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	DATE OF BIRTH _____ / _____ / _____ Month / Day / Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	---

NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
---------	--

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
------	-------------	-------------

IDs will not be mailed – please supply email address below for entry confirmation

VISA MASTERCARD AMERICAN EXPRESS
 CARD NO. _____ EXPIRY _____ / _____

CARDHOLDER NAME (PLEASE PRINT) _____

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 OF OWNER OR AGENT _____ Telephone number _____

E-MAIL: _____