

"To enter these shows you must provide proof of both Covid-19 Vaccinations."



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Elsie Murray Canine Centre Society

Mail Entries to: Arcticdreams Show Services
Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0

Make cheques payable to: **Elsie Murray Canine Centre Society**

Show dates: Entries Close October 27, 2021 @ 11:00 p.m. Pacific Time



Entry Fees \$ _____ + Listing Fees \$ _____ + Pre-paid Catalogue \$ _____ = TOTAL \$ _____

PLEASE PRINT OR TYPE CLEARLY

<p>Conformation</p> <p>_____ Friday _____ Saturday _____ Sunday</p>	<p>Obedience</p> <p>_____ Saturday _____ Sunday</p>	
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Enter in the Following Classes

Conformation Classes			Obedience Classes		
_____ Junior Puppy	_____ Bred By Exhibitor		_____ Pre-Novice	_____ Open HA	
_____ Senior Puppy	_____ Baby Puppy		_____ Novice A	_____ Open HB	
_____ 12 – 18 Month	_____ Open		_____ Novice B	_____ Open 18A	
_____ Canadian Bred	_____ Specials		_____ Novice C	_____ Open 18B	
			_____ Inter. Novice	_____ Utility A	
				_____ Utility B	

_____ Exhibition Only	_____ Exhibition Only (3-6 Month)	JUMP HEIGHT
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BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reg. Name of Dog (CKC Titles ONLY please)

<p>Check one & Enter CKC Number:</p> <p><input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No.</p> <p>NUMBER:</p>	<p><input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.)</p>	<p>DOB ____/____/____</p> <p style="text-align: center;">Day Month Year</p>	<p>On the show Date is this a PUPPY?</p> <p>_____ YES _____ NO</p>
<p>PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE</p>			

BREEDER(S)

SIRE

DAM

REG. OWNER(S)

OWNER(S) ADDRESS

CITY: _____ **PROV./STATE:** _____ **POSTAL CODE:** _____

Telephone Number _____ **CKC Membership #** _____

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

Email Address to send confirmation to

_____ **VISA** _____ **MASTERCARD**

Card No. _____ **EXPIRY** _____ / _____

CARDHOLDER'S NAME (PLEASE PRINT) _____

AUTHORIZATION & GENERAL AGREEMENT

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list.

Signature of Owner, Agent, Handler: X _____ **Date:** _____ **Email** _____

Signature of parent/guardian is required for children under 18 years