



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
BOBCAYGEON KENNEL CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0

Conformation	Baby Puppy	Listing Fee	
June 29 - #1 <input type="checkbox"/> \$30.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$9.61	
June 29 - #2 <input type="checkbox"/> \$30.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$9.61	
June 30 - #3 <input type="checkbox"/> \$30.00		<input type="checkbox"/> \$9.61	() Canadian Bred Competition
June 30 - #4 <input type="checkbox"/> \$30.00		<input type="checkbox"/> \$9.61	

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-ordered Catalogue

Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | |
|--------------------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baby Puppy (Thurs.Only) | <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Sweeps 6-9 |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Sweeps 9-12 |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Sweeps 12-18 |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only | |
| <input type="checkbox"/> Canadian Bred | | |

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 ___	YES NO
<input type="checkbox"/> CKC Misc.Cert.No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	Canada	Elsewhere

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 _____

Email I.D. to:

- Owner _____
 Agent _____

SIGNATURE OF OWNER OR AGENT

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.

E-mail: _____

FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security Code _____