OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



Battle River Canine Association October 27, 28, and 29, 2017

OFFICE USE

	_							
	I enclose \$	Ent	try Fees \$		Listing Fee	es \$		
	Oct. 27, 2017	/ Oct.	28,2017	_/(Oct. 29,2017_		_	
BREED				VAF	RIETY		MALE FEMALE	
	or Puppy or Puppy Months dian Bred		Bred By Exhibit Open Specials Only Exhibition Only			oy Sv	Catalogue veepstakes Class(Sat)	
REG. NAME O	F DOG							
CKC REG.	CERT. NO. CKC E	RN NO.	/_		BIRTH		N SHOW DATE IS HIS A PUPPY? YESNO	
CKC PEN I	NO		Month	Da	y Year PLACE	OF F	IRTH	
NUMBER:					CANADA	J. L	ELSEWHERE	
BREEDER(S) SIRE								
DAM								
REG'D OWNER(S)							
OWNER'S ADDE	RESS							
CITY NAME OF OWNI (IF ANY) AT THE					PROV./STATE	РО	STAL CODE	
AGENT'S ADDR	ESS							
CITY					PROV./STATE	РО	STAL CODE	
<u>IDs will n</u>	ot be mailed - pleas	se supp	oly email addre	ess	below for enti	ry co	<u>onfirmation</u>	
=	VISA MASTERC	CARD	AMERICAN EX	(PRE	SS			
CARD NO					EXP	IRY		
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	•			т	elep	hone number	
E-MAIL:								

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			<u> </u>					
I enclose \$ Entry	y Fees \$	_ Listing Fees \$						
Oct. 27, 2017/ Oct.	. 28,2017	_/ Oct. 29,2017_						
BREED		VARIETY	MALE FEMALE					
Junior Puppy Specials Only Prepaid Catalogue Senior Puppy Exhibition Only 12-18 Months Puppy Sweepstakes Canadian Bred Veterans Class(Sat) Bred By Exhibitor Open								
REG. NAME OF DOG								
CHECK ONE – AND - ENTER NUMBER BELOW	DATE OF BIRTH		ON SHOW DATE IS THIS A PUPPY?					
CKC REG. NO. CKC MISC. CERT. NO. CKC PEN NO. LISTED	Month /_		YESNO					
NUMBER:			OF BIRTH 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								
VISAMASTERCARD	_ AMERICAN EXPR	RESS						
CARD NO EXPIRY								
CARDHOLDER NAME (PLEASE PRINT)								
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SIGNATURE OF OWNER OR AGENT		Т	elephone number					
E-MAIL:								