OFFICE USE



## OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION

RMATION

OFFICE USE

EVELYN KENNY KENNEL & OBEDIENCE CLUB November 25 - 28, 2021

			L		
CONFORMATION	Entry Fee	Prepaid C	Catalogue @ \$15.00		
Friday	TCN Fee	Prenaid P	Senching @ \$20.00		
Saturday	TONTEE	•	-		
Sunday		Additiona	ll Benching @ \$15.00		
PLEAS	E TYPE OR PRINT CLEA	RLY			
BREED		VARIETY	MALE FEMALE		
ENTER IN THE FOLLOWING CLASSES:  JUNIOR PUPPY SENIOR PUPPY 12 – 18 MONTH CANADIAN BRED BRED BY EXHIBITOR OPEN SPECIALS ONLY  EXHIBITION O EXHIBITION O BABY PUPPY	NLY (4 - 6 Months)	JUVENILE SWE 6 - 9 Months 9 - 12 Months 12 - 18 Month			
REG'D NAME OF DOG					
CHECK ONE & ENTER NUMBER BELOW  CKC REG. NO. CKC ERN NO. TCN NO.	0/_	OF BIRTH / onth	ON SHOW DATE IS THIS A PUPPY?  YES NO  CE OF BIRTH ELSEWHERE		
BREEDER(S)					
SIRE					
REG'D OWNER(S)	CKC MEMBERSHIP #				
OWNED'S ADDRESS					
OWNER'S ADDRESS					
CITY		PROV / STATE	POSTAL / ZIP CODE		
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW					
AGENT'S ADDRESS CITY		DDOV / OTATE	DOCTAL / 7/D CODE		
IDs will not be mailed – please sup	oply email address	below for entry	POSTAL / ZIP CODE  confirmation		
VISA MASTERCARD			EXPIRY		
CARD NO.					
CARDHOLDER NAME (PLEASE PRINT)			<u></u>		
I CERTIFY that I am the registered owner(s) of the dogentered above and accept full responsibility for all strentry, I (we) agree to be bound by the rules and regregulations appearing in the premium list.	atements made in this ent	ry. In consideration of	f the acceptance of this		
SIGNATURE OF OWNER OR AGENT					
E-MAIL ADDRESS:	TELEPHONE NUMBER				

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## EVELYN KENNY KENNEL & OBEDIENCE CLUB

AD HIM	November 25 - 28,	2021	
CONFORMATION  Friday Saturday Sunday	Entry Fee	Prepaid B	atalogue @ \$15.00 enching @ \$20.00 Il Benching @ \$15.00
PLEA	ASE TYPE OR PRINT CLEARL	<u>.Y</u>	
BREED  ENTER IN THE FOLLOWING CLASSES:  JUNIOR PUPPY SENIOR PUPPY 12 – 18 MONTH CANADIAN BRED BRED BY EXHIBITIOR OPEN SPECIALS ONLY  ENTER FOR THE FOLLOWING CLASSES:  LIVER FOR THE FOLLOWING CLASSES:  EXHIBITION EXHIBITION BABY PUPP BABY PUPP	ONLY (4 - 6 Months)	JUVENILE SWE 6 - 9 Months 9 - 12 Months 12 - 18 Month	
REG'D NAME OF DOG			
CHECK ONE & ENTER NUMBER BELOW  CKC REG. NO. CKC ERN CKC MISC. NO. TCN NO.  NUMBER	NO. Day Mon	th Year	ON SHOW DATE IS THIS A PUPPY?  YES NO CE OF BIRTH ELSEWHERE
DAM  REG'D OWNER(S)		CKC MEMBER	RSHIP#
OWNER'S ADDRESS		T	1
CITY  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		PROV / STATE	POSTAL / ZIP CODE
AGENT'S ADDRESS			
CITY  IDs will not be mailed – please so	upply email address b	PROV / STATE	POSTAL / ZIP CODE
VISA MASTERCAR CARD NO.	D AMERICAN E)	(PRESS	EXPIRY /
I CERTIFY that I am the registered owner(s) of the centered above and accept full responsibility for all entry, I (we) agree to be bound by the rules and regulations appearing in the premium list.	statements made in this entry.	In consideration of	f the acceptance of this
SIGNATURE OF OWNER OR AGENT E-MAIL ADDRESS:		TELEPHON	E NUMBER