

E-mail Address

Edmonton Kennel Club OFFICIAL CKC ENTRY FORM CONFORMATION

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CONFORM	ATION				
Show 1 Thu					
Show 2 Fri	Pre-paid	Listing Fees			
Show 3 Sat	Catalogue	Entry Fees			
Show 4 Sun					
Conformation					
Junior Puppy	12-18 months	Baby Puppy(Friday Only)			
Senior Puppy	Open				
Can. Bred	Specials Onl	у			
Bred BY	Exhibition Or	nly			
Please Pri	nt Clearly	S			
Breed:		Sex			
Registered Name of Dog					
Enter number	Date of Bir	th D / M /Y			
☐ CKC Reg. No.	Is this a pu	th D/ M/Y ppy YesNo			
☐ CKC ERN No.	Place of Bi	rth			
☐ CKC Misc. Cert. No.	Canada	Elsewhere			
☐ Listed					
Breeder(s)		Book National Control of the Control			
Sire					
Dam					
Reg'd Owners					
Owners Address					
City		Province PC			
Name of Owner's Agent (if any) at	the show				
Agent's Address					
City		Province PC			
I.D. will not be mailed, please pro-	vide e-mail address				
Email (for schedule and fax confor	rmation)				
Visa/MasterCard No		expiry/			
Name of card holder- print _	Sigr	nature			
names I have entered and accept ful	I responsibility for all statement gree to be bound by the rules a	authorized agent of the owner(s) whose is made in this entry. In consideration of and regulations of the Canadian Kennel			

Telephone_



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Show 1 Thu				Action	
Show 2 Fri	Pre-paid		ting Fee		
Show 3 Sat	Catalogue _.	En	try Fees		
Show 4 Sun					
Conformation		195 (195)			
Junior Puppy	12-18 month	s Baby Pu	ppy(/Frid	ay Only)	
Senior Puppy	Open	Veteran			
Can. Bred	Specials Or	nly			
Bred BY	Exhibition C)nly			
Please Print Clear	ly				100 1000
Breed:				Sex	
Registered Name of Dog					
Enter number	Γ	Date of Birth D	/ M	/Y	
☐ CKC Reg. No.		s this a puppy	Yes	/Y _No	
☐ CKC ERN No.		Place of Birth			
☐ CKC Misc. Cert. No	77	Canada	Elsewh	ere	
☐ Listed			Disc III		
□ Disted					
Breeder(s)					
Sire					
Dam					
Reg'd Owners			,		***************************************
Owners Address					
City		Pro	vince	PC	
Name of Owner's Agent (if any)	at the show				***************************************
Agent's Address				***************************************	
City		Pro	vince	PC	
I.D. will not be mailed, please pro	ovide e-mail addre	ss			
Email (for schedule and fax conf	formation)				
Visa/MasterCard No			***************************************	ovnin	,
visa/iviastercard ivo				_ expiry	_'
Name of card holder- print		Signature			
I CERTIFY that I am the registered names I have entered and accept the acceptance of this entry, I (we) Club and by any additional rules a	full responsibility for agree to be bound	all statements mad by the rules and reg	e in this ent	ry. In conside	eration of
E-Mail Address	Address Telephone				