OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE

## THE SKAHA KENNEL CLUB

August 30 September 1,2 & 3

I enclose \$ Entry Fees \$ Listing Fees \$						
2 All Breed August 30, 2018/_ Saturday Sept. 1,2018 Sunday Sept. 2, 2018 / Monday Sept 3,2018						
Sunday Sept. 2, 2018 Sweepstakes :Juvenile 6-9/9-1	/ Monda	y Sept 3,2018 Veteran 7-10	- ,	10+		
BREED:	2	VARIETY		MALE FEMALE		
Senior Puppy 12-18 Months	Bred By Exhibitor					
REG. NAME OF DOG						
CHECK ONE – AND - ENTER NUMBER BELOW	DATE OF BIRTH			ON SHOW DATE IS THIS A PUPPY?		
CKC MISC. CERT. NO. CKC ERN NO.	Month /_		-   _	YESNO		
CKC PEN NO LISTED	Wonth			BIRTH		
NUMBER:		CANADA		ELSEWHERE		
BREEDER(S)						
SIRE						
DAM						
REG'D OWNER(S)						
REG D OWNER(G)						
OWNER'S ADDRESS						
CITY		PROV./STATE	DC.	STAL CODE		
NAME OF OWNER'S AGENT		PROVISIAIL	FC	STAL CODE		
(IF ANY) AT THE SHOW						
AGENT'S ADDRESS			1			
CITY		PROV./STATE	PC	STAL CODE		
IDs will not be mailed – please supply email address below for entry confirmation						
VISAMASTERCARD	AMERICAN EX	(PRESS				
CARD NO.	CARD NO EXPIRY/_					
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			Telep	phone number		
E-MAIL:						

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## THE SKAHA KENNEL CLUB

August 30 September 1,2 & 3

Lenclose \$ Ent	rv Fees \$	Listing Fee	es \$		
I enclose \$ Entry Fees \$ Listing Fees \$ 2 All Breed August 30, 2018_/_ Saturday Sept. 1,2018					
Sunday Sept. 2, 2018 _	/ Monda	y Sept 3,2018			
Sweepstakes :Juvenile 6-9/9-12	/12-18	Veteran 7-10			
BREED:		VARIETY	MALE FEMALE		
	-	VAINETT	TEMALE		
Junior Puppy S	Specials Only	Prej	oaid Catalogue		
Senior Puppy E	Exhibition Only				
12-18 Months Canadian Bred E	Dahir milmair				
	Baby puppy Brace				
Open	Diace				
REG. NAME OF DOG	DAT	E OF BIRTH	ON SHOW DATE		
CHECK ONE – AND - ENTER NUMBER BELOW	DATE OF BIRTH		IS THIS A		
CKC REG. NO.			PUPPY?		
CKC MISC. CERT. NO. CKC ERN NO.	/_	/	YES NO		
CKC PEN NO.	Month	Day Year PLACE	OF BIRTH		
NUMBER:			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		1			
CITY		PROV./STATE	POSTAL CODE		
IDs will not be mailed - please supply	y email addre	ess below for enti	y confirmation		
VISA MASTERCARD A					
CARD NO.		EXP	IRY/		
CARDHOLDER NAME (PLEASE PRINT)					
I CERTIFY that I am the registered owner(s) of the dog- have entered above and accept full responsibility for all si this entry, I (we) agree to be bound by the rules and reg- and regulations appearing in the premium list.	tatements made ir	this entry. In considera	tion of the acceptance of		
SIGNATURE OF OWNER OR AGENT		т	elephone number		
F-MAII ·					