	Official Canadian Kennel Club Entry Form <b>C.K.C.S.C.A.C. Specialty</b> September 18, 2021	Administrative use only

<input type="checkbox"/> Show 1	Regular Entry + Altered fees: ___ x \$30.00 = _____ Baby Puppy Entry fees: ___ x \$15.00 = _____ TCN Fees: ___ x \$11.50 = _____ Ex. Only: ___ x \$ 10..00 = _____ Catalog ___ x \$ 10..00 = _____
<input type="checkbox"/> Catalogue	
Cheques to Cavalier King Charles Spaniel Club of Atlantic Canada	TOTAL: _____

Please Print or type CLEARLY

**Enter in one only of the following classes**

**CONFORMATION**

<input type="checkbox"/> 4-6 Month Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Specials Only
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Altered
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Veteran	

BREED	VARIETY	SEX
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NAME OF DOG		
<b>Check one &amp; enter Reg # here</b> <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	<b>Date Of Birth</b> _____ <small>Day    Month    Year</small>	<b>Is this a puppy?</b> YES ___ NO ___
	<b>Place Of Birth</b> ___ Canada ___ Elsewhere	

BREEDER
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SIRE
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DAM
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REG. OWNER
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OWNER ADDRESS
---------------

CITY	PROV	POST CODE
------	------	-----------

AGENT NAME
------------

AGENT ADDRESS
---------------


CITY	PROV	POST CODE
------	------	-----------

Mail ID to: ___ OWNER    or    ___ AGENT
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I CERTIFY that I am the registered owner(s) of this 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 Federation of Canada and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner _____	Phone Number _____
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Email: _____
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