



CHAMPLAIN DOG CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0

June 1 <input type="checkbox"/> Trial #1 - \$30.00	<input type="checkbox"/> Listing Fee \$11.30	<input type="checkbox"/> Ex. Only \$10.00	Pre-ordered Catalogue
June 1 <input type="checkbox"/> Trial #2 - \$30.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$8.00
June 1 <input type="checkbox"/> Trial #3 - \$30.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> \$10.00	
June 1 <input type="checkbox"/> Trial #4 - \$30.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> \$10.00	

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES

Breed _____	Variety _____	Sex _____
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Enter in the following classes:

<input type="checkbox"/> Novice A	<input type="checkbox"/> Advanced A	<input type="checkbox"/> Excellent A	<input type="checkbox"/> Master
<input type="checkbox"/> Novice B	<input type="checkbox"/> Advanced B	<input type="checkbox"/> Excellent B	
<input type="checkbox"/> Intermediate			Jump: _____

Reg.Name of Dog _____

Check One and Enter Number Here

<input type="checkbox"/> C.K.C.Reg.No.	Date of Birth
<input type="checkbox"/> C.K.C.ERN No.	D ____ M ____ Y ____
<input type="checkbox"/> C.K.C.Misc.Cert.No.	Place of Birth
<input type="checkbox"/> CCN No	<input type="checkbox"/> Canada
<input type="checkbox"/> Elsewhere	
<input type="checkbox"/> Listed (no C.K.C. No)	

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City _____

Prov. _____

Postal Code _____

Name of Owner's Agent (if any) at the Show) _____

Agent's Address _____

City _____

Prov. _____

Postal Code _____

Email I.D.to _____

Agent

Owner

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.

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.

Email: _____

FAX / EMAIL SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____