



OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FOR Alberta Lure Coursing Assoc Sunday, June 3, 2018		OFFICE USE
Entry Fee _____ Listing Fee _____ Prepaid Catalogue \$10.00 _____ Total _____				
<i>PLEASE TYPE OR PRINT CLEARLY</i>				
BREED		Male _____ Female _____		
ENTER IN THE FOLLOWING CLASSES: <input type="checkbox"/> BABY PUPPY (3-6 mths) <input type="checkbox"/> JUNIOR PUPPY (6-9 mths) <input type="checkbox"/> SENIOR PUPPY (9-12 mths) <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN		<input type="checkbox"/> FIELD CLASS <input type="checkbox"/> VETERANS <input type="checkbox"/> SPECIALS ONLY <input type="checkbox"/> BRACE <input type="checkbox"/> STUD DOG & GET <input type="checkbox"/> BROOD BITCH & PROGENY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY (3-6 Mth)		FIELD TITLE HOLDER SWEEPSTAKES <input type="checkbox"/> Courser <input type="checkbox"/> FCH <input type="checkbox"/> FCHX VETERANS SWEEPSTAKES <input type="checkbox"/> 7-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12 years plus JUVENILE SWEEPSTAKES <input type="checkbox"/> 3-6 mth <input type="checkbox"/> 6-9 mth <input type="checkbox"/> 9-12 mth <input type="checkbox"/> 12-18 mth
NAME OF DOG:				
CHECK ONE - AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED		Date of Birth: PLACE OF BIRTH: <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER:				
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				
CITY		PROV./STATE		POSTAL CODE
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>				
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card Card Number _____ Expiry _____				
Card Holder Name _____				
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.				
Owner or Agent _____			Signature _____	
E-MAIL: _____			Telephone Number _____	