
	Official Canadian Kennel Club Entry Form	
MARITIME GOLDEN RETRIEVER CLUB Regional Specialty		
	Entry Fees _____ x \$27.00 = \$ _____	
	Baby Puppy Entry _____ x \$15.00 = \$ _____	
	Non Regular _____ x \$15.00 = \$ _____	
	Exhibition Only _____ x \$10.00 = \$ _____	
	Listing Fee _____ x \$ 9.65 = \$ _____	
	Sweeps _____ x \$15.00 = \$ _____	
	Catalog _____ x \$10.00 = \$ _____	
	Total: _____ x _____ = \$ _____	
Please Print or type CLEARLY		
Enter in one only of the following classes CONFORMATION		
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Gun Dog	<input type="checkbox"/> Baby Puppy Sweeps
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Puppy Sweeps 6-9 mos
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Altered	<input type="checkbox"/> Puppy Sweeps 9-12 mos
<input type="checkbox"/> 12-18 months	Non-Regular Classes	<input type="checkbox"/> Puppy Sweeps 12-18 mos
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Veteran Sweeps 7-9 years
<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> Veteran Sweeps 9 years and up
<input type="checkbox"/> Open	<input type="checkbox"/> Brace	
<input type="checkbox"/> Veterans	<input type="checkbox"/> Exhibition Only	
BREED	VARIETY	SEX
NAME OF DOG		
Check one & enter Reg # here <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed _____	Date of Birth _____ Day Month Year	Is this a puppy? YES _____ NO _____
	Place Of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	
BREEDER		
SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POST CODE
AGENT NAME		
AGENT ADDRESS		
CITY	PROV	POST CODE
Email _____ Mail ID to: <input type="checkbox"/> OWNER or <input type="checkbox"/> AGENT		
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 Kennel Club 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 _____
Email: _____		

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DAM		
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OWNER ADDRESS		
CITY	PROV	POST CODE
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