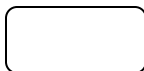




CHAMPLAIN DOG CLUB

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



Entry Fees \$28.00/Show or Trial before March 1, \$30.00 after March 1st

Conformation	<input type="checkbox"/> - #1	<input type="checkbox"/> Ex.Only	<input type="checkbox"/> \$10.00	<input type="checkbox"/> Obedience	<input type="checkbox"/> Trial 1	<input type="checkbox"/> Trial 2	<input type="checkbox"/> Listing Fee	<input type="checkbox"/> \$9.61	<input type="checkbox"/> \$9.61
April 21	<input type="checkbox"/> - #2	<input type="checkbox"/> \$10.00		<input type="checkbox"/> Trial 3	<input type="checkbox"/> Trial 4		<input type="checkbox"/> \$9.61	<input type="checkbox"/> \$9.61	
April 22		<input type="checkbox"/> \$10.00					<input type="checkbox"/> \$9.61	<input type="checkbox"/> \$9.61	
April 23							<input type="checkbox"/> \$9.61		

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-ordered catalogues \$8.00

Breed	Variety	Sex
Enter in the following classes:		
<input type="checkbox"/> Baby Puppy (Sat & Sun)	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open B
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Novice A <input type="checkbox"/> Utility A
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Novice B <input type="checkbox"/> Utility B
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Novice C
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Veterans (Sat & Sun)	<input type="checkbox"/> Novice Intern. Jumps - _____:
		<input type="checkbox"/> Open A

Reg.Name of Dog _____

Check One and Enter Number Here	Date of Birth	Is this a Puppy?
<input type="checkbox"/> C.K.C.Reg.No.	D ____ M ____ Y ____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> C.K.C.ERN No.		
<input type="checkbox"/> C.K.C.Misc.Cert.No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	
<input type="checkbox"/> C.K.C.CCN no or PEN 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 _____

Mail 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 SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____