OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE



Fort St John & Districts Kennel Club

	Contro 1988 TOWN		Ne	mei	Club			
	May 20,21 & 22,2017							
I enclose	<u>.</u>		•		•			
\$	Entry Fees	s \$L	isting Fees	\$	Prepaid	Catalogue\$		
	01: 4	01 0	01 0	01		Ob 5	_	d 0
	Show 1	_Snow 2_	_Show 3	Shov	v 4	Show 5	5	how 6
BREED					VARIET	Υ		FEMALE
	_							
Junior	Puppy	-	Specia	ls Only				
Senior	r Puppy	-	Baby I	uppy				
12-18 M	onths	-	Exhibi	tion Only	(2.6)			
Canad			Exhibiti		(3-6)M			
Bred B	By Exhibitor	-	Veteran	S				
Open			Brace					
REG. NAME OF	DOG							
			214	DAT	E OF BIR	TH		N SHOW DATE IS
CHECK ONE – A							TF	IIS A PUPPY?
CKC MISC.	CERT. NO.	CKC ERN LISTED		/_		_/		YESNO
CKC PEN N	O		M	onth	Day	Year PLACE	OF B	RTH
NUMBER:								_ ELSEWHERE
BREEDER(S)								
SIRE								
DAM								
REG'D OWNER(S	5)							
OWNER'S ADDR	FSS							
OWNEROADER								
CITY					PR	OV./STATE	POS	STAL CODE
NAME OF OWNE (IF ANY) AT THE								
AGENT'S ADDRE	SS						1	
CITY					PR	OV./STATE	POS	STAL CODE
IDs will no	ot be mailed	l – please	supply em	ail addr	ess be	ow for enti	ry co	nfirmation
	VISA					·		
_	vioA	IVIAOIERCAR	AIVIE	INICAN E	VE VE 22			
CARD NO.						EXP	IRY _	
CARDHOLDER N	AME (PLEASF	PRINT)						
have entered above	e and accept fu gree to be bound	II responsibility by the rules a	for all stateme	nts made	in this enti	y. In considera	ation of	s) whose name(s) I the acceptance of additional rules and
SIGNATURE O	F OWNER OF	R AGENT		_		Т	elepł	none number
E-MAIL:								

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Fort St John & Districts

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	Kennel Club							
		May 20,21 & 22,2017						
I enclose \$	Entry Fe	es \$	List	ting Fees S	S	Prepa	id Catalogu	
Show 1	Show 2_	Show 3_	Sho	ow 4	Sh	ow 5	_ Show	
BREED					,	VARIETY		MALE FEMALE
12-18 I	or Puppy Months adian Bred I By Exhibitor	- - -	B Ex Ve	pecials Onligaby Puppy exhibition Onlighterans acce	nly	-6)m		
REG. NAME O	F DOG							
				OF BIRTH		ON SHOW DATE IS THIS A PUPPY?		
	CERT. NO.	CKC ERN LISTED	I NO.	Month	_/_	/_ Day	Year	YES NO
NUMBER:						CA	PLACE OI	F BIRTH ELSEWHERE
BREEDER(S)								
SIRE								
DAM								
REG'D OWNER	(S)							
OWNER'S ADD	RESS							
CITY NAME OF OWN	ER'S AGENT					PROV./S	STATE I	POSTAL CODE
(IF ANY) AT TH	E SHOW							
AGENT'S ADDE	RESS							
CITY						PROV./S	•	POSTAL CODE
<u>IDs will r</u>	not be mail	ed – please	supply	<u> email ad</u>	<u>dre</u> :	ss below i	for entry	<u>confirmation</u>
	VISA	MASTERCARD	A	MERICAN EX	PRE	SS		
CARD NO							EXPIR	′
CARDHOLDER	NAME (PLEAS	SE PRINT)						
have entered ab	ove and accept agree to be boo	full responsibility and by the rules	y for all st	atements mad	de in	this entry. In	consideratio	er(s) whose name(s) I n of the acceptance of ny additional rules and
SIGNATURE	OF OWNER	OR AGENT					Tel	ephone number
E-MAIL:								