



# OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

## Conformation Show: English Springer Spaniel Club Of Canada

### SATURDAY, OCTOBER 7, 2017

Show Secretary: Arcticdreams Show Services Phone:780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 1-877-993-6879

Entry Fees \$\_\_\_\_\_ Listing Fees \$\_\_\_\_\_ Catalogue \$\_\_\_\_\_ P/F \$\_\_\_\_\_ Total \$\_\_\_\_\_

Breed: English Springer Spaniel Sex \_\_\_\_\_

Enter in the following classes)	<input type="checkbox"/> Gun Dog	Sweepstakes
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Veterans (7 to 9 years)	<input type="checkbox"/> Veterans (7 to 9 years)
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veterans (9 to 12 years)	<input type="checkbox"/> Veterans (9 to 12 years)
<input type="checkbox"/> 12 to 18 mths	<input type="checkbox"/> Veterans (12 plus years)	<input type="checkbox"/> Veterans (12 plus years)
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Stud Dog and Get	<input type="checkbox"/> Juvenile (6 to under 9 mos)
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Brood Bitch and Progeny	<input type="checkbox"/> Juvenile (9 to under 12 mos))
<input type="checkbox"/> Open	<input type="checkbox"/> Brace	<input type="checkbox"/> Juvenile (12 to under 15 mos)
<input type="checkbox"/> Specials Only	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Juvenile (15 to under 18 mos)
<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Generation	

Reg. Name of Dog \_\_\_\_\_

Please Check one and enter number here \_\_\_\_\_

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert No.
- CKC PEN No.
- LISTED (No CKC/ERN No.)

Date of Birth M \_\_\_ D \_\_\_ Y \_\_\_\_ Is this a puppy? Y \_\_\_ N \_\_\_ Place of Birth Canada  Elsewhere

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Owner's Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mail to:  Owner  Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa  MasterCard  Amex

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder Name: (Print) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_