



OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM	OFFICE USE
Cranbrook & District Kennel Club August 25, 26 & 27 2017			
I enclose \$ _____		Entry Fees \$ _____	Listing Fees \$ _____
Aug. 25, 2017 ___/___/___ Aug. 26, 2017 ___/___/___ Aug. 27, 2017 ___/___/___ <i>Prepaid Catalogue</i> _____			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open	<input type="checkbox"/> Specials Only <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Veteran <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6)m	<input type="checkbox"/> Puppy Sweeps <input type="checkbox"/> 6 - 9 Months <input type="checkbox"/> 9 - 12 Months <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Veterans Sweeps <input type="checkbox"/> 7-10 Years <input type="checkbox"/> 10+ Years	
REG. NAME OF DOG			
CHECK ONE - AND - ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	<input type="checkbox"/> CKC ERN NO. LISTED	___/___/___ Month / Day / Year	<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER: _____		PLACE OF BIRTH CANADA <input type="checkbox"/> ELSEWHERE <input type="checkbox"/>	
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"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS CARD NO. _____ EXPIRY ___/___/___ CARDHOLDER NAME (PLEASE PRINT) _____			
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.			
SIGNATURE OF OWNER OR AGENT _____			Telephone number _____
E-MAIL: _____			

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