



LAKELAND KENNEL AND OBEDIENCE CLUB

FRIDAY SHOW 1 () SHOW 2 ()
SATURDAY SHOW 3 () SHOW 4 ()
SUNDAY SHOW 5 () SHOW 6 ()



Would you like a judging schedule mailed to you? yes () no()

ENTRY FEE \$ _____ LISTING \$ _____ CATALOGUE \$5.00 _____

BREED _____ SEX _____

ENTER IN THE FOLLOWING CLASS:

() JUNIOR PUPPY () BRED BY EXHIBITOR
() SENIOR PUPPY () OPEN
() 12 to 18 MONTHS () SPECIALS
() CANADIAN BRED () EXHIBITION ONLY

REG'D NAME OF DOG _____

CHECK ONE AND ENTER NUMBER: () CKC REG'N NO. _____

() CKC ERN NO. _____ () LISTED

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

PLACE OF BIRTH: CANADA () ELSEWHERE () IS THIS A PUPPY YES () NO ()

BREEDER _____

SIRE _____

DAM _____

REG'D OWNER _____

OWNER'S ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

NAME OF AGENT (IF ANY) _____

AGENT'S ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

MAIL ID. TO: OWNER () AGENT () ONLY ONE WILL BE MAILED

FAX ENTRIES VISA AND MASTERCARD ACCEPTED FEE IS \$2.00 PER DOG PER SHOW

CREDIT CARD # _____ EXPIRY DATE _____

NAME OF CARD HOLDER _____

I CERTIFY THAT I AM THE REGISTERED OWNER OF THE DOG OR THAT I AM THE AUTHORIZED AGENT OF THE OWNER WHOSE NAME I HAVE ENTERED ABOVE. I 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 OF THE PREMIUM LIST AND CKC.

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NUMBER _____

EMAIL _____



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