

 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">Halifax Kennel Club</h2>	Administrative use only
---	-------------------------

<input type="checkbox"/> Show 1 (Fri) <input type="checkbox"/> Show 2 (Sat) <input type="checkbox"/> Show 3 (Sun) <input type="checkbox"/> Sweepstakes (Sun) <input type="checkbox"/> Catalog	Third Dog & up Baby Puppy Sweepstakes Ex. Only: Catalog:	Entry fees: ___ x \$30.00 = _____ Entry fees: ___ x \$25.00 = _____ Entry fees: ___ x \$20.00 = _____ Entry fees: ___ x \$15.00 = _____ Listing Fees: ___ x \$ 9.80 = _____ Ex. Only: ___ x \$ 8.00 = _____ Catalog: ___ x \$ 8.00 = _____ Total: _____
---	--	--

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION		SWEEPSTAKES (Monday)	
		Puppy	Veteran
<input type="checkbox"/> 3-6 Month Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> 6-9 months	<input type="checkbox"/> 7 up to 9 years
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> 9-12 months	<input type="checkbox"/> 9 up to 11 years
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> 12-18 months	<input type="checkbox"/> 11 years and older
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only		
<input type="checkbox"/> Exhibition Only			

BREED	VARIETY	SEX
--------------	----------------	------------

NAME OF DOG		
Check one & enter Reg # here <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	Date Of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___ Place Of Birth ___ Canada ___ Elsewhere

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

AGENT NAME

AGENT ADDRESS


CITY	PROV	POST CODE
-------------	-------------	------------------

Mail ID to: ___ OWNER or ___ AGENT

I CERTIFY that I am the registered owner(s) of this 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 Federation of Canada and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner _____ Phone Number _____

Email: _____

 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">Halifax Kennel Club</h2>	Administrative use only
---	-------------------------

<input type="checkbox"/> Show 1 (Fri) <input type="checkbox"/> Show 2 (Sat) <input type="checkbox"/> Show 3 (Sun) <input type="checkbox"/> Sweepstakes (Sun) <input type="checkbox"/> Catalog	Third Dog & up Baby Puppy Sweepstakes Ex. Only: Catalog:	Entry fees: ___ x \$30.00 = _____ Entry fees: ___ x \$25.00 = _____ Entry fees: ___ x \$20.00 = _____ Entry fees: ___ x \$15.00 = _____ Listing Fees: ___ x \$ 9.80 = _____ Ex. Only: ___ x \$ 8.00 = _____ Catalog: ___ x \$ 8.00 = _____ Total: _____
---	--	--

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION		SWEEPSTAKES (Monday)	
		Puppy	Veteran
<input type="checkbox"/> 3-6 Month Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> 6-9 months	<input type="checkbox"/> 7 up to 9 years
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> 9-12 months	<input type="checkbox"/> 9 up to 11 years
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> 12-18 months	<input type="checkbox"/> 11 years and older
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only		
<input type="checkbox"/> Exhibition Only			

BREED	VARIETY	SEX
--------------	----------------	------------

NAME OF DOG		
Check one & enter Reg # here <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	Date Of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___ Place Of Birth ___ Canada ___ Elsewhere

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
-------------	-------------	------------------

Mail ID to: ___ OWNER or ___ AGENT

I CERTIFY that I am the registered owner(s) of this 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 Federation of Canada and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner _____ Phone Number _____

Email: _____

