



Official Entry Form

ALL-BREED CONFORMATION



Office Use Only

ENTRIES CLOSE: FRIDAY, September 8<sup>th</sup>, 2021 @ 9:00 PM Pacific Time

CONFORMATION:                     Fri (Sept 24)                     Sat (Sept 25)                     Sun (Sept 26)

Cheques made payable to: Mt. Cheam Canine Assoc.  
Mailed to: Classic Show Services P.O. Box 100 Fort Langley, BC V1M 2R4  
Online and Fax entry forms at [www.dogshow.ca](http://www.dogshow.ca)

Entry Fee \$ \_\_\_\_\_ TCN Fee \$ \_\_\_\_\_ Catalogue \$ \_\_\_\_\_ = Total Enclosed \$ \_\_\_\_\_

<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Altered
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Veteran	<input type="checkbox"/> Breeder/Owner/Handler
<input type="checkbox"/> 12- 18 Months	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Brace	
<input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Exhibition Only	

**DOG INFORMATION \*\*\*please print clearly\*\*\***

Breed \_\_\_\_\_ Variety \_\_\_\_\_  Male  Female

Reg'd Name of Dog \_\_\_\_\_

Registration # \_\_\_\_\_  CKC Reg #  CKC Misc #  CKC ERN #  TCN #

Date of Birth: \_\_\_\_\_ Puppy:  Yes  No Place of Birth:  Canada  Elsewhere

Breeders: \_\_\_\_\_

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

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

**OWNER/AGENT INFORMATION**

Registered Owners: \_\_\_\_\_

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

Agent: \_\_\_\_\_

Credit Card # _____	Exp Date: _____	Name on Card: _____
<small>***a service charge of 10% will be applied*** VISA - MASTERCARD - AMEX</small>		

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 the consideration of the acceptance of this entry. I 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/Agent \_\_\_\_\_ Ph # (     ) \_\_\_\_\_

Email Address (required) \_\_\_\_\_