

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Lakes Districts Kennel Club May 6 & 7 2017	OFFICE USE																		
I enclose total \$_____ Entry Fees \$_____ Listing Fees \$_____ <i>Prepaid Catalogue</i> \$_____																				
Show 1 Show 2 Show 3 Show 4																				
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																		
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REG. NAME OF DOG																				
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month Day Year																		
		ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO																		
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE																			
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																				
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<u>IDs will not be mailed – please supply email address below for entry confirmation</u>																				
<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 _____																		
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