



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Mail Entries to: Arcticdreams Show Services

Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0

Make cheques payable to: English Cocker Spaniel Club of Canada

Show dates: Entries Close September 22, 2021 @ 11:00 p.m. Pacific Time



Entry Fees \$ \_\_\_\_\_ + TCN Fees \$ \_\_\_\_\_ + Pre-paid Catalogue \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

PLEASE PRINT OR TYPE CLEARLY

Sweepstakes _____ Friday, October 8, 2021	Conformation _____ Sunday, October 10, 2021	Pre-paid Catalogue _____
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Enter in the Following Classes

Conformation Classes			Sweepstakes Classes	
_____ Baby Puppy _____ Junior Puppy _____ Senior Puppy _____ 12 – 18 Month	<b><u>Open shall be divided by colour</u></b> _____ Open Solid _____ Open Particolour _____ Canadian Bred _____ Bred By Exhibitor _____ Specials	_____ Vet 7-10 _____ Vet 10-12 _____ Vet 12+ _____ Brace _____ Sire _____ Brood	_____ Baby Puppy (4 - 6) _____ Junior Puppy (6 – 9) _____ Senior Puppy (9 – 12) _____ Juvenile (12– 18)	_____ Vet 7-10 _____ Vet 10-12 _____ Vet 12+

_____ Exhibition Only    _____ Exhibition Only (4-6 Month)	<b>JUMP HEIGHT</b>
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<b>BREED</b> English Cocker Spaniel	<b>VARIETY/ COLOUR</b>	<b>SEX</b> Male Female
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**Reg. Name of Dog (CKC Titles ONLY please)** \_\_\_\_\_

<b>Check one &amp; Enter CKC Number:</b> <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <b>NUMBER:</b> _____	<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> TCN (no CKC No.)	<b>DOB</b> ____/____/____ Day    Month    Year	<b>On the show Date is this a PUPPY?</b> _____ YES _____ NO
		<b>PLACE OF BIRTH</b> <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	

**BREEDER(S)** \_\_\_\_\_

**SIRE** \_\_\_\_\_

**DAM** \_\_\_\_\_

**REG. OWNER(S)** \_\_\_\_\_

**OWNER(S) ADDRESS** \_\_\_\_\_

<b>CITY:</b> _____	<b>PROV./STATE:</b> _____	<b>POSTAL CODE:</b> _____
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Telephone Number _____	CKC Membership # _____
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**NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW** \_\_\_\_\_

**AGENT'S ADDRESS** \_\_\_\_\_

<b>CITY:</b> _____	<b>PROV./STATE:</b> _____	<b>POSTAL CODE:</b> _____
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**IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION**

**Email Address to send confirmation to** \_\_\_\_\_

VISA     MASTERCARD     AMEX  
 Card No. \_\_\_\_\_ EXPIRY \_\_\_\_/\_\_\_\_/\_\_\_\_  
**CARDHOLDERS NAME (PLEASE PRINT)** \_\_\_\_\_

**AUTHORIZATION & GENERAL AGREEMENT**

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list.

**Signature of Owner, Agent, Handler:** X \_\_\_\_\_ **Date:** \_\_\_\_\_ **Email** \_\_\_\_\_

Signature of parent/guardian is required for children under 18 years