



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

**Dogwood Boxer Club
Specialty Conformation Show
September 5, 2015**

Show Secretary: JM Show Services
Box 825, Grande Prairie, AB T8V 3R5
Phone: 780-532-9969 Fax: 1-877-993-6879

Entry Fees \$ _____ Listing Fees \$ _____ Catalogue \$ _____ P/F \$ _____ Total \$ _____

Breed: Boxer Colour Fawn Brindle Sex _____

Enter in the following class (es)

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open - Fawn | |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open - Brindle | |
| <input type="checkbox"/> 12 to 18 mths | <input type="checkbox"/> Veterans | |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Altered |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | |

Reg. Name of Dog _____

Check one and enter number here

- CKC Reg. No.
 CKC ERN No.
 CKC Misc. Cert No.
 CKC PEN No.
 LISTED (No CKC/ERN No.)

Date of Birth

M _____ D _____ Y _____

Is this a puppy? Y _____ N _____

Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa Card Number: _____ Expiry Date: _____

Mastercard Carholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____ Phone: _____

Email: _____



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

**Dogwood Boxer Club
Specialty Obedience Trial
September 5 & 6, 2015**

September 5 _____ September 6 _____

Show Secretary: JM Show Services
Box 825, Grande Prairie, AB T8V 3R5
Phone: 780-532-9969 Fax: 1-877-993-6879

Entry Fees \$ _____ Listing Fees \$ _____ Catalogue \$ _____ P/F \$ _____ Total \$ _____

Breed: Boxer Colour Fawn Brindle Sex _____

Enter in the following class (es)

- | | | |
|------------------------------------|--|-----------------|
| <input type="checkbox"/> Novice A | <input type="checkbox"/> Pre Novice | Obedience Jumps |
| <input type="checkbox"/> Novice B | <input type="checkbox"/> Novice Intermediate | |
| <input type="checkbox"/> Open A | <input type="checkbox"/> Novice C | High in |
| <input type="checkbox"/> Open B | <input type="checkbox"/> Exhibition Only | |
| <input type="checkbox"/> Utility A | | Broad in |
| <input type="checkbox"/> Utility B | | |

Reg. Name of Dog _____

Check one and enter number here

- CKC Reg. No.
 CKC ERN No.
 CKC Misc. Cert No.
 CKC PEN No.
 LISTED (No CKC/ERN No.)

Date of Birth

M _____ D _____ Y _____

Is this a puppy? Y _____ N _____

Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

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Email: _____