



OFFICIAL CANIAN KENNEL CLUB FORM

SUDBURY & DISTRICT KENNEL CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, Qc J0S 1G0

- () Friday Sept. 15 - #1
- () Friday Sept. 15 - #2
- () Saturday Sept. 16 - #3
- () Saturday Sept. 16 - #4
- () Sunday Sept. 17 - #5
- () Sunday Sept. 17 - #6
- () Owner Handled - Sat.Sept 16 Show #4
- () Sudbury Toy Dog Fanciers - Sat.Sept 16
- () Catalogue

TOTAL: \$ _____ ENTRY : \$ _____ LISTING FEE: \$ _____ CATALOG: \$ _____
 Breed _____ Variety _____ Sex _____

Enter in the following classes:

- Junior Puppy
- Senior Puppy
- 12 - 18 Months
- Canadian Bred
- Bred By Exhibitor
- Open
- Specials Only
- Exhibition Only
- *** Baby Puppy - \$10.00 / show

Reg.Name of Dog _____

Check One and Enter Number Here

- CKC Reg.No.
- CKC ERN No.
- CKC Misc.Cert.No.
- Listed (no C.K.C.No.)

Date of Birth _____ Is this a Puppy?
 D ___ M ___ Y ___ YES NO

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail I.D to: _____

Owner _____
 Agent _____

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NUMBER _____
 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.

email: _____

FAX SERVICES - VISA/ MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ **Security Code** _____