
		Official Canadian Kennel Club Entry Form Pictou County Kennel Club		Administrative use only
<input type="checkbox"/> Show 1 <input type="checkbox"/> Show 2 <input type="checkbox"/> Show 3 <input type="checkbox"/> Show 4 <input type="checkbox"/> Catalog	Entry fees _____ x \$ 30.00 = _____ Entry fees (all 4 shows): _____ x \$100.00 = _____ Baby Puppy & Veteran _____ x \$ 17.00 = _____ Listing Fees: _____ x \$ 11.50 = _____ Ex. Only: _____ x \$ 7.00 = _____ Catalog: _____ x \$ 6.00 = _____ Total: _____			
Please Print or type CLEARLY				
Enter in one only of the following classes CONFORMATION				
<input type="checkbox"/> Baby Puppy <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Veterans <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Open <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Specials Only <input type="checkbox"/> 12-18 Month <input type="checkbox"/> Ex. Only <input type="checkbox"/> Canadian Bred				
BREED		VARIETY	SEX	
NAME OF DOG				
Check one & enter Reg # here ___ CKC Reg # _____ ___ CKC ERN # _____ ___ CKC MSC # _____ ___ Listed		Date Of Birth _____ Day Month Year	Place Of Birth ___ Canada ___ Elsewhere	
BREEDER				
SIRE				
DAM				
REG. OWNER				
OWNER ADDRESS				
CITY	PROV	POST CODE		
AGENT NAME				
AGENT ADDRESS				
CITY	PROV	POST CODE		
Mail ID to: ___ OWNER or ___ AGENT				
I CERTIFY that I am the registered owner(s) of this 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. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.				
Signature of agent or owner _____		Phone Number _____		
Email: _____				

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