



Official Entry Form
AVALON KENNEL CLUB

- Oct 7, 2017 Show 1
 Oct 7, 2017 Show 2
 Oct 8, 2017 Show 3
 Oct 8, 2017 Show 4

Entry Fees _____
 Listing Fees _____
 Catalogue _____
 Total Fees \$ _____

<u>Conformation</u> <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Specials Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Baby Puppy Class <input type="checkbox"/> 3-6 Month Puppy (Exhibition Only)	<u>Obedience</u> <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open A <input type="checkbox"/> Novice A <input type="checkbox"/> Open B <input type="checkbox"/> Novice B <input type="checkbox"/> Utility A <input type="checkbox"/> Novice C <input type="checkbox"/> Utility B <input type="checkbox"/> Intermediate Novice <input type="checkbox"/> Exhibition Only Jump Height _____	<u>Rally Obedience</u> <input type="checkbox"/> RNov. A <input type="checkbox"/> RExc. A <input type="checkbox"/> RNov. B <input type="checkbox"/> RExc. B <input type="checkbox"/> RIntermediate <input type="checkbox"/> RAdv. A <input type="checkbox"/> RAdv. B <input type="checkbox"/> R.A.E <input type="checkbox"/> Exhibition Only Jump Height _____	
Breed: _____		Variety _____	Sex _____
Reg. Name of Dog: _____			
Check One Here <input type="checkbox"/> CKC REG. NO. _____ <input type="checkbox"/> CKC ERN. NO. _____ <input type="checkbox"/> CKC Misc. Cert. No. _____ <input type="checkbox"/> CKC PEN. NO _____ <input type="checkbox"/> CKC CCN. NO _____ <input type="checkbox"/> LISTED _____	Enter Number _____	Date of Birth – Circle Month Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Day _____ Year _____ Place of Birth - Canada _____ Elsewhere _____	Is this a puppy? Yes _____ No _____
Breeders: _____			
Sire: _____			
Dam: _____			
Reg'd Owner(s): _____			
Owner's Address: _____			
City/Province: _____		Postal Code: _____	
Agent: _____			
Agent's Address: _____			
City/Province: _____		Postal Code: _____	
Mail ID: <input type="checkbox"/> Owner <input type="checkbox"/> Agent			
<small>© Tilson Creations</small>			
If the registered owner(s) is/are CKC member(s), please provide CKC number(s) _____			

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 consideration 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: _____ **Telephone No.** _____

Email address: _____
(Please print)