

 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">Cobequid Dog Club</h2>	Administrative use only
---	-------------------------

<input type="checkbox"/> Show 1	Entry fees: ___ x \$22.00 = _____		
<input type="checkbox"/> Show 2	Listing Fees: ___ x \$ 8.50 = _____		
	Ex. Only: ___ x \$ 7.00 = _____		
	Catalog: ___ x \$ 6.00 = _____		
<input type="checkbox"/> Catalog	Total: _____		

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION

<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 Month	<input type="checkbox"/> Specials Only
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only

BREED	VARIETY	SEX
--------------	----------------	------------

NAME OF DOG

<p>Check one & enter Reg # here</p> <p>___ CKC Reg # _____</p> <p>___ CKC ERN # _____</p> <p>___ CKC MSC # _____</p> <p>___ Listed _____</p>	<p>Date Of Birth</p> <p>___ / ___ / ___</p> <p style="font-size: x-small;">Day Month Year</p>	<p>Is this a puppy?</p> <p>YES ___ NO ___</p>
<p>Place Of Birth ___ Canada ___ Elsewhere</p>		

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 Federation of Canada 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

 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">Cobequid Dog Club</h2>	Administrative use only
---	-------------------------

<input type="checkbox"/> Show 1	Entry fees: ___ x \$22.00 = _____		
<input type="checkbox"/> Show 2	Listing Fees: ___ x \$ 8.50 = _____		
	Ex. Only: ___ x \$ 7.00 = _____		
	Catalog: ___ x \$ 6.00 = _____		
<input type="checkbox"/> Catalog	Total: _____		

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION

<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 Month	<input type="checkbox"/> Specials Only
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only

BREED	VARIETY	SEX
--------------	----------------	------------

NAME OF DOG

<p>Check one & enter Reg # here</p> <p>___ CKC Reg # _____</p> <p>___ CKC ERN # _____</p> <p>___ CKC MSC # _____</p> <p>___ Listed _____</p>	<p>Date Of Birth</p> <p>___ / ___ / ___</p> <p style="font-size: x-small;">Day Month Year</p>	<p>Is this a puppy?</p> <p>YES ___ NO ___</p>
<p>Place Of Birth ___ Canada ___ Elsewhere</p>		

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 Federation of Canada 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

		Official Canadian Kennel Club Entry Form Cobequid Dog Club		Administrative use only
<input type="checkbox"/> Obed Trial 1 (Sat)		Entry fees: ___ x \$22.00 = _____		
<input type="checkbox"/> Obed Trial 2 (Sun)		Listing Fees: ___ x \$ 8.50 = _____		
		Ex. Only: ___ x \$ 7.00 = _____		
		Catalog: ___ x \$ 6.00 = _____		
<input type="checkbox"/> Catalog		Total: _____		
Please Print or type CLEARLY				
Enter in one only of the following classes				
<input type="checkbox"/> Novice A		<input type="checkbox"/> Pre-Novice		
<input type="checkbox"/> Novice B		<input type="checkbox"/> Novice C		
<input type="checkbox"/> Open A		<input type="checkbox"/> Novice Int.		
<input type="checkbox"/> Open B		<input type="checkbox"/> Exhibition Only		
<input type="checkbox"/> Utility		Jump Height _____		
BREED		VARIETY		SEX
NAME OF DOG				
Check one & enter Reg # here <input type="checkbox"/> CKC Reg # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed		Date Of Birth _____ Day Month Year		Is this a puppy? YES ___ NO ___
		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 Federation of Canada 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	

		Official Canadian Kennel Club Entry Form Cobequid Dog Club		Administrative use only
<input type="checkbox"/> Obed Trial 1 (Sat)		Entry fees: ___ x \$22.00 = _____		
<input type="checkbox"/> Obed Trial 2 (Sun)		Listing Fees: ___ x \$ 8.50 = _____		
		Ex. Only: ___ x \$ 7.00 = _____		
		Catalog: ___ x \$ 6.00 = _____		
<input type="checkbox"/> Catalog		Total: _____		
Please Print or type CLEARLY				
Enter in one only of the following classes				
<input type="checkbox"/> Novice A		<input type="checkbox"/> Pre-Novice		
<input type="checkbox"/> Novice B		<input type="checkbox"/> Novice C		
<input type="checkbox"/> Open A		<input type="checkbox"/> Novice Int.		
<input type="checkbox"/> Open B		<input type="checkbox"/> Exhibition Only		
<input type="checkbox"/> Utility		Jump Height _____		
BREED		VARIETY		SEX
NAME OF DOG				
Check one & enter Reg # here <input type="checkbox"/> CKC Reg # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed		Date Of Birth _____ Day Month Year		Is this a puppy? YES ___ NO ___
		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 Federation of Canada 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	