



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
BATTLE RIVER CANINE ASSOCIATION



Mail Entries to: Arcticdreams Show Services
 Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0
 Make cheques payable to: **Battle River Canine Association**
Show dates: Entries Close Wednesday, March 9, 2022 @ 11:00 PM.

Entry Fees \$ _____ + Listing Fees \$ _____ + Pre-paid Catalogue \$ _____ = **TOTAL \$** _____

PLEASE PRINT OR TYPE CLEARLY

Conformation	Obedience	Rally Obedience
_____ Friday	_____ Friday	_____ Friday
_____ Saturday	_____ Saturday	_____ Saturday
_____ Sunday	_____ Sunday	_____ Sunday

Enter in the Following Classes

Conformation Classes		Sweepstakes Classes	Obedience Classes	Rally Classes	
_____ Baby Puppy	_____ Bred By Exhibitor	_____ Junior Puppy	_____ Pre-Novice	_____ Open HA	_____ Novice A
_____ Junior Puppy	_____ Open	_____ Senior Puppy	_____ Novice A	_____ Open HB	_____ Novice B
_____ Senior Puppy	_____ Specials	_____ 12 - 18 Month	_____ Novice B	_____ Open 18A	_____ Intermediate
_____ 12 - 18 Month	_____ Veterans		_____ Novice C	_____ Open 18B	_____ Advanced A
_____ Canadian Bred	_____ Brace		_____ InterNovice	_____ Utility A	_____ Advanced B
			_____ Veterans	_____ Utility B	_____ Excellent A
			_____ Brace		_____ Excellent B
					_____ Masters
					_____ Brace

_____ Exhibition Only	_____ Exhibition Only (3-6 Month)	JUMP HEIGHT
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BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reg. Name of Dog (CKC Titles ONLY please)

Check one & Enter CKC Number: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. NUMBER:	<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> TCN(no CKC No.)	DOB ____/____/____ Day Month Year	On the show Date is this a PUPPY? ____ YES ____ NO
		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	

BREEDER(S)

SIRE

DAM

REG. OWNER(S)

OWNER(S) ADDRESS

CITY: _____ **PROV./STATE:** _____ **POSTAL CODE:** _____

Telephone Number _____ **CKC Membership #** _____

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY: _____ **PROV./STATE:** _____ **POSTAL CODE:** _____

IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION

Email Address to send confirmation to

_____ VISA _____ MASTERCARD _____ AMEX

Card No. _____ **EXPIRY** _____ / _____

CARDHOLDERS NAME (PLEASE PRINT) _____

AUTHORIZATION & GENERAL AGREEMENT

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list.

Signature of Owner, Agent, Handler: X _____ **Date:** _____

Signature of parent/guardian is required for children under 18 years