



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

WEST KOOTENAY KENNEL CLUB

Mail Entries to: Arcticdreams Show Services

Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0

Make cheques payable to: West Kootenay Kennel Club

Show dates: Entries Close July 31, 2019 @ 10:00 p.m. or when limit is reached



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

PLEASE PRINT OR TYPE CLEARLY

Conformation Show 1 ____/ Show 2 ____ Friday Show 3 ____/Show 4 ____ Saturday Show 5 ____	Sweepstakes ____ Juvenile ____ Veteran	Obedience Trial 1 ____/Trial 2 ____ Saturday Trial 3 ____/Trial 4 ____ Sunday	Rally Obedience Trial 1 ____/Trail 2 ____ Saturday Trail 3 ____/ Trial 4 ____ Sunday
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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	____ Novice A	____ Advanced B
____ Junior Puppy	____ Open	____ Senior Puppy	____ Novice A	____ Open HB	____ Novice B	____ Novice B	____ Excellent A
____ Senior Puppy	____ Specials	____ 12 – 18 Month	____ Novice B	____ Open 18A	____ Novice C	____ Intermediate	____ Excellent B
____ 12 – 18 Month	____ Veterans	____ Veterans 7-10	____ Novice C	____ Open 18B	____ Intermediate	____ Utility A	____ Masters
____ Canadian Bred	____ Brace	____ Veterans 10+	____ Intermediate	____ Utility A	____ Novice	____ Advanced A	
			____ Utility B	____ Utility B			

____ 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"/> Listed (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

____ 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. I will allow a photograph of my dog or myself on the AKC Website.

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

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