



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show: Cavalier King Charles Spaniel Club of BC

SATURDAY, OCTOBER 7, 2017

Show Secretary: Arcticdreams Show Services Phone: 780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 877-993-6879

Entry Fees \$_____ Listing Fees \$_____ Catalogue \$_____ P/F \$_____ Total \$_____

Breed: **Cavalier King Charles Spaniel** Color _____ Sex _____

Enter in the following Regular and Non-regular classes		Sweepstakes Classes	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Stud Dog and Get	<input type="checkbox"/> 6 to 9 Months	
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Brood Bitch and Progeny	<input type="checkbox"/> 9 to 12 Months	
<input type="checkbox"/> 12 to 15 Months	<input type="checkbox"/> Brace	<input type="checkbox"/> 12 to 15 Months	
<input type="checkbox"/> 15 to 18 Months	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> 15 to 18 Months	
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Altered	<input type="checkbox"/> 7 to 9 Years	
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> 9 to 11 Years	
<input type="checkbox"/> Specials Only	<input type="checkbox"/> Parade of Titleholders	<input type="checkbox"/> 11 Years +	
<input type="checkbox"/> Open Black & Tan	<input type="checkbox"/> Open Blenheim	<input type="checkbox"/> Open Ruby	<input type="checkbox"/> Open Tri-Colour
<input type="checkbox"/> Veterans 7 to 9 Years	<input type="checkbox"/> Veterans 9 to 11 Years	<input type="checkbox"/> Veterans 11 Years +	

Reg. Name of Dog _____

Please Check one and enter number here _____

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert No.
- CKC PEN No.

LISTED (No CKC/ERN No.)

Date of Birth M___ D___ Y___ Is this a puppy? Y___ N___ Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa MasterCard Amex

Card Number: _____

Expiry Date: ____/____

Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____

Phone: _____ Email: _____