

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

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 1-877-993-6879

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

Breed:\_\_\_\_\_ Sex \_\_\_\_\_ Variety \_\_\_\_\_

Enter in the following classes

- |   |   |  |                                  |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Junior Puppy Male      | <input type="checkbox"/> Junior Puppy Female  | <input type="checkbox"/> Veterans Male     | <input type="checkbox"/> Brace   |
| <input type="checkbox"/> Senior Puppy Male      | <input type="checkbox"/> Senior Puppy Female  | <input type="checkbox"/> Veterans Female   | <input type="checkbox"/> Altered |
| <input type="checkbox"/> 12 to 18 mths Male     | <input type="checkbox"/> 12 to 18 mths Female | <input type="checkbox"/> Exhibition Only   |                                  |
| <input type="checkbox"/> Canadian Bred Male     | <input type="checkbox"/> Canadian Bred Female | <input type="checkbox"/> Stud Dog and Get  |                                  |
| <input type="checkbox"/> Bred by Exhibitor Male | <input type="checkbox"/> Bred by Exhibitor    | <input type="checkbox"/> Bitch and Progeny |                                  |
| <input type="checkbox"/> Open Male              | <input type="checkbox"/> Open Female          | <input type="checkbox"/> Team              |                                  |
| <input type="checkbox"/> Specials Only Male     | <input type="checkbox"/> Specials Only Female | <input type="checkbox"/> Baby Puppy        |                                  |

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:\_\_\_\_\_