OFFICE USE

E-MAIL ADDRESS:



## OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



OFFICE USE

		Performance and Ea Association of Alb September 7 & 8, 2	erta	4						
		ENTRY FEES \$								
I ENCLOSE \$		LISTING FEES \$								
PLEASE TYPE OR PRINT CLEARLY BREED Variety:										
		•		MA	LEFEMALE					
ENTER IN ONE O	F THE FOLLOWING	CLASSES:								
Test I	Test II			Test IV	Call Name:					
IQ	IQ	IQ		IQ						
JE	JE	JE		JE						
SE	SE	SE		SE						
ME	ME	ME		ME						
REG. NAME OF DOG										
CHECK ONE AND	HERE	DATE OF BIRTH								
CKC REG. N	IO. CERT. NO. —	CKC ERN NO. LISTED								
CKC PEN N	LISTED	Day Month Year								
			PLACE OF BIRTHCANADA ELSEWHERE							
NUMBER:			CANA	DA E	LSEWHERE					
BREEDER(S)										
, ,										
SIRE										
DAM										
DAM										
REG'D OWNER(S)										
OWNER'S ADDRI	E33									
CITY			PR	OV./STATE	POSTAL CODE					
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW										
, , , , , , , , , , , , , , , , , , , ,										
AGENT'S ADDRE	SS		1							
CITY			PR	OV./STATE	POSTAL CODE					
ID'S WILL NOT BE MAILED - PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION										
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 be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.										
SIGNATURE OF OWNER OR AGENT				TELEPHONE NUMBER						

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## OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



OFFICE USE

		Performance and Ea Association of Alb September 7 & 8, 2	erta	34			
	•	ENTRY FEES \$					
I ENCLOSE \$		LISTING FEES \$					
	R PRINT CLEARLY			•			
BREED		Variety:		МА	LEFEMALE		
ENTER IN ONE O	F THE FOLLOWING	G CLASSES:		l			
Test I	Test II	Test III		Test IV	Call Name:		
IQ	IQ	IQ		IQ			
JE	JE	JE		JE			
SE	SE			SE			
ME	ME	ME		ME			
REG. NAME OF D	OOG						
CHECK ONE AND	D ENTER NUMBER	DATE OF	E OF BIRTH				
CKC REG. NO. CKC MISC. CERT. NO. CKC PEN NO. LISTED				Day Month Year  PLACE OF BIRTH			
NUMBER:			CAN	NADAEI	LSEWHERE		
BREEDER(S) SIRE							
REG'D OWNER(S	S)						
OWNER'S ADDR	ESS						
CITY			F	PROV./STATE	POSTAL CODE		
NAME OF OWNE (IF ANY) AT THE					_		
AGENT'S ADDRE	SS				<del>,</del>		
CITY			F	PROV./STATE	POSTAL CODE		
ID'S WILL NOT B	E MAILED – PLEAS	SE SUPPLY EMAIL ADDRESS I	BELOW FO	R ENTRY CONF	IRMATION		
name(s) I have en of the acceptance	ntered above and a e of this entry, I (we	owner(s) of the dog or that I am ccept full responsibility for all e) agree to be bound by the rul ulations appearing in the prem	statements es and reg	s made in this er	ntry. In consideration		
SIGNATURE OF	OWNED OR ACEN	<u> </u>		TEL EDUCNE NU	MDED		
SIGNATURE OF	OWNER OR AGENT	I	1	TELEPHONE NU	WIDEK		
E-MAIL ADDRES	S:						