



Please send entry form and cheque (payable to Aurora & District Kennel Club) to: MJN Show Services, 9 Samya Court, Scarborough, ON $\,$ M1R 2A4 $\,$

ENTRIES CLOSE: MONDAY, NOVEMBER 4, 2019, 8 PM (EST)



BREED/VARIETY			BREEDER OF REG	BREEDER OF RECORD			
1.	NAME						
	SEX	REG. NO./COUNTRY		_ DOB D	M	Y	
2.	NAME						
	SEX	REG. NO./COUNTRY		_ DOB D	M	Y	
3.	NAME						
	SEX	REG. NO./COUNTRY		DOB D	M	Y	
4.	NAME						
	SEX	REG. NO./COUNTRY		DOB D	M	Y	
5.	NAME						
	SEX	REG. NO./COUNTRY		DOB D	M	Y	
We encourage exhibitors to include each dog's full name and ALL its titles on this entry form.							
or ba	otherwise use	mission for Royal Canin and/o my name, picture and/or video rom them, in congratulatory ac	of me and/or my dog(s),	likeness or st	atements c	or any material	
Breeder's Name Breeder's Kennel Name							
Breeder's Address			E-	E-mail			
Br	eeder's Signat	ure					

PLEASE NOTE: It is the breeder's responsibility to ensure that they have enough handlers to help show their dogs, keeping in mind that other breeders may ask the same handler.