

 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="margin: 0;">Halifax Kennel Club</h2>	Administrative use only
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<input type="checkbox"/> Show 1 (Fri)	Entry fees: ___ x \$28.00 = _____		
<input type="checkbox"/> Show 2 (Sat am)	Entry fees BP: ___ x \$15.00 = _____		
<input type="checkbox"/> Show 3 (Sat pm)	Entry fees: 3 rd dog ___ x \$20.00 = _____		
<input type="checkbox"/> Show 4 (Sun)	Listing Fees: ___ x \$ 9.80 = _____		
<input type="checkbox"/> Catalog	Ex. Only: ___ x \$ 5.00 = _____		
	Catalog: ___ x \$ 8.00 = _____		
	Total: _____		

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION

<input type="checkbox"/> 3-6 Month Puppy	<input type="checkbox"/> Canadian Bred	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only	

BREED	VARIETY	SEX
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NAME OF DOG

Check one & enter Reg # here <input type="checkbox"/> CKC Reg # _____ <input type="checkbox"/> CKC ERN # _____ <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	Date Of Birth _____ <small>Day Month Year</small>	Is this a puppy? YES ___ NO ___ Place Of Birth ___ Canada ___ Elsewhere
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BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
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AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
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Mail ID to: ___ OWNER or ___ AGENT

I CERTIFY that I am the registered owner(s) of this 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 Federation of Canada and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

Signature of agent or owner	Phone Number
Email: _____	

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