



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Labrador Retriever Club of Canada Regional Specialty

September 2, 2017

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 _____ Colour _____

Enter in the following classes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Field Dog | <input type="checkbox"/> Open Chocolate | <input type="checkbox"/> Stud Dog and Get |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Open Yellow | <input type="checkbox"/> Bitch and Progeny |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Open Black | <input type="checkbox"/> Brace |
| <input type="checkbox"/> 12 to 15 mths | <input type="checkbox"/> 15 to 18 mths | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Veterans |
| | | | <input type="checkbox"/> Exhibition Only |

Yearling Sweepstakes

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 6 to 9 mths Male | <input type="checkbox"/> 6 to 9 mths Female | <input type="checkbox"/> 9 to 12 mths Male | <input type="checkbox"/> 9 to 12 mths Female |
| <input type="checkbox"/> 12 to 15 mths Male | <input type="checkbox"/> 12 to 15 mths Female | <input type="checkbox"/> 15 to 18 mths Male | <input type="checkbox"/> 15 to 18 mths Female |

Veteran Sweepstakes

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 7 to 9 years Male | <input type="checkbox"/> 7 to 9 years Female | <input type="checkbox"/> 9 to 11 years Male | <input type="checkbox"/> 9 to 11 years Female |
| <input type="checkbox"/> 12 years & over Male | <input type="checkbox"/> 12 years & over Female | | |

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: _____