

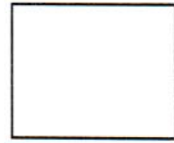


Official Kennel Club Entry Form

Prairie Canine Academy

ALL BREED CONFORMATION ENTRY ONLY

Make cheques payable to Prairie Canine Academy



Fun Match: Entry Fee \$ 5:00 if entered before closing date

Thursday, June 18, 2015

Class :

Conformation:

Friday, June 19, 2015

Show # 1

Show # 2

Saturday, June 20, 2015

Show # 3

Show # 4

Sunday, June 21, 2015

Show # 5

Show # 6

Entries close Wednesday, June 3, 2015 at 9:00 pm CST

Entry Fees : \$ 28.00, Listing Fees \$ 8.90, Same Dog Same Class all 6 shows \$150.00

Baby Class \$ 20.00, Exhibition Only/Baby Puppy \$ 10.00, Brace \$ 10.00

Entry Fee \$ _____	Listing Fee \$ _____	Total \$ _____
Pre Paid Catalog _____ x \$ 8.00	Total \$ _____	

BREED: _____	VARIETY: _____	SEX Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Regular Classes:	<input type="checkbox"/> Bred by Exhibitor	Unofficial Classes:
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Baby Puppy
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Altered
<input type="checkbox"/> 12 - 18 Month	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Veteran
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only (3 -6 month puppy)	<input type="checkbox"/> Brace

Registered Name: _____

Check one ONLY	Enter Number	Date of Birth	Is this dog a puppy ?
<input type="checkbox"/> CKC Reg #		Day / Month / Year	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> CKC ERN #		/ /	
<input type="checkbox"/> CKC Misc Cert #			
<input type="checkbox"/> Listed		Place of Birth	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere

Breeder/s _____

Sire _____

Dam _____

Reg Owner/s _____

Owner's Address _____

City _____ Prov _____ Postal Code _____

Agent's Name (if any) _____

Agent's Address _____

City _____ Prov _____ Postal Code _____

ID will NOT be mailed. Please supply email address below for entry conformation

FOR MAIL OR DROP OFF ENTRIES ONLY 14 Mossing Bay, Regina. SK S4N 4H4

For ONLINE Entries	VISA/MASTER CARD INFORMATION
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
Expiry Date _____ / _____	CARD # _____
Month Year	Name of Card Holder _____

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 are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

Signature _____ Phone # _____

Email _____

PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOUR CONFORMATION OF ENTRY