
 <p>Official Canadian Kennel Club Entry Form</p> <p><b>New Brunswick Kennel Club</b> 16<sup>th</sup> ~ 17<sup>th</sup> ~ 18<sup>th</sup> ~ August 2019</p>	Administrative use only	
<input type="checkbox"/> Show #1 <input type="checkbox"/> Show #2 <input type="checkbox"/> Show #3 <input type="checkbox"/> Show #4 <input type="checkbox"/> Show #5 <input type="checkbox"/> Show #6 Regular Entry per dog per show ..... ___x \$28.00   Same Dog All 6 Shows ..... ___x \$25.00 Baby Puppy or Veteran per show ..... ___x \$15.00   Exhib Only per dog per show ___x \$8.00 Listing Fee per show ..... ___x \$11.50   Catalogue ..\$8.00 (on pre order) \$10.00 at door <input type="checkbox"/> Trailer/RV/Tent .....Required Form and Funds Enclosed (Circle Applicable)  Booth Rental \$ _____ Advertising \$ _____ TOTAL ENCL. \$ _____		
<b>Make Cheques Payable To ~ NEW BRUNSWICK KENNEL CLUB</b>		
Please Print or type CLEARLY		
Enter in one only of the following classes <input type="checkbox"/> 3-6 month (Baby Puppy) <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Veteran <input type="checkbox"/> Jr Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Sr Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 month <input type="checkbox"/> Specials		
BREED	VARIETY	SEX
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 _____ Day   Month   Year	Is this a puppy? YES ___ NO ___  Place Of Birth ___ Canada ___ Elsewhere
BREEDER		
SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POST CODE
AGENT NAME		
AGENT ADDRESS		
CITY	PROV	POST CODE
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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SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POST CODE
AGENT NAME		
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