



**OFFICIAL CANADIAN KENNEL CLUB FORM
CONFORMATION**

WINE COUNTRY KENNEL CLUB

Entry Fees

\$30.00 per show \$ _____
Exhibition Only
 \$10.00 per show \$ _____
Listing Fees
 \$9.50 per show \$ _____
Baby Puppy
 \$12.00 per show \$ _____
Veteran/Altered
 \$12.00 per show \$ _____
Catalogue
 \$8.00 each \$ _____
TOTAL: _____

CLOSING DATE: 8PM
 WED, SEPT 21, 2016
 Make fees payable
 to:
 Wine Country Kennel
 Club
 Mail to: M. Brown
 9 Harvest Oak Dr
 St. Catharines, ON
 L2S 3H4

- Friday Oct. 7, 2016
Show #1**
 **Friday Oct. 7, 2016
Show #2**
 Saturday Oct. 8, 2016
 Sunday, Oct. 9, 2016

Breed	Variety	Sex
<input type="checkbox"/> JUNIOR PUPPY	<input type="checkbox"/> BRED BY EXHIBITOR	
<input type="checkbox"/> SENIOR PUPPY	<input type="checkbox"/> OPEN	<input type="checkbox"/> VETERAN
<input type="checkbox"/> 12 - 18 MONTH	<input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> ALTERED
<input type="checkbox"/> CANADIAN BRED	<input type="checkbox"/> BABY PUPPY	
	<input type="checkbox"/> EXHIBITION ONLY	

Reg. Name of Dog _____

Check One and Enter Number Here

<input type="checkbox"/> CKC Reg. No	Date of Birth	Is this a puppy?
<input type="checkbox"/> CKC ERN No.	D _____ M _____	Yes _____
<input type="checkbox"/> CKC Misc. Cert	Y _____	No _____
<input type="checkbox"/> Listed	Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breed(s) _____

Sire _____

Dam _____

Registered Owner(s) _____

Owner's Address _____

Prov _____ Postal Code _____

City _____

Name of Owner's Agent (if any) at the show _____

Agent's Address _____

City _____

Prov _____ Postal Code _____

Mail I.D. to: Owner or Agent

I CERTIFY that I am the registered owner(s) of the 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 Kennel Club and by any additional rules and regulations appearing in the premium list. In addition, by signing this form I certify that I will not hold the Show giving Club, its members, Directors, Employees, or Agents, Liable in the event of any accident or misfortune however caused.

Signature of Owner or Agent _____

Phone Number _____

Please provide email address for online entry confirmation. _____



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