



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show: Chow Chow Club of Canada Inc. National Specialty Show

Saturday, April 6, 2019

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 \$_____ Donation \$_____ Total \$_____

Breed: Chow Chow Sex _____

Enter in the following classes (*check all that apply*):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Head Class | <u>Sweepstakes</u> |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Brace | <input type="checkbox"/> Gait Class | <input type="checkbox"/> 3-6 Months |
| <input type="checkbox"/> 12 to 18 months | <input type="checkbox"/> Stud Dog & Get | <input type="checkbox"/> Breeders Class | <input type="checkbox"/> 6-9 Months |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Brood Bitch & Progeny | | <input type="checkbox"/> 9-12 Months |
| <input type="checkbox"/> Bred by Exhibitor | | | <input type="checkbox"/> 12-18 Months |
| <input type="checkbox"/> Open Rough Red | <input type="checkbox"/> Exhibition Only | | <input type="checkbox"/> 7-9 Years |
| <input type="checkbox"/> Open Rough Black | <input type="checkbox"/> Exhibition Only (3-6 months) | | <input type="checkbox"/> 9-12 Years |
| <input type="checkbox"/> Open Rough AOC | | | <input type="checkbox"/> 12 Years & Older |
| <input type="checkbox"/> Open Smooth | | | |
| <input type="checkbox"/> Veterans | | | |
| <input type="checkbox"/> Specials Only | | | |

Entries Close: March 18, 2019 at 11:00 p.m. MDT

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: _____