


OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Lakes Districts Kennel Club May 4, 5 & 6 2018	OFFICE USE
I enclose total \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ <i>Prepaid Catalogue</i> \$ _____ <div style="display: flex; justify-content: space-around; font-weight: bold;"> Show 1Show 2Show 3Show 4Show 5Show 6 </div>		
BREED _____		VARIETY _____
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open </div> <div> <input type="checkbox"/> Specials Only <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6)m <input type="checkbox"/> Veterans </div> <div> Sweeps <input type="checkbox"/> Juvenile 6-9m / 9-12m <input type="checkbox"/> 12-18m <input type="checkbox"/> Veterans 7-10y / 10+Y </div> </div>		
REG. NAME OF DOG		
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month Day Year
NUMBER: _____		ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF BIRTH CANADA _____ ELSEWHERE _____		
BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		
OWNER'S ADDRESS		
CITY	PROV./STATE	POSTAL CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
CITY	PROV./STATE	POSTAL CODE
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>		
_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS CARD NO. _____ EXPIRY _____ / _____ CARDHOLDER NAME (PLEASE PRINT) _____		
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.		
SIGNATURE OF OWNER OR AGENT _____		Telephone number _____
E-MAIL: _____		

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OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM LAKES DISTRICT KENNEL CLUB Obedience Trials May 5 & 6, 2018	OFFICE USE
		
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____		
Saturday May. 5, 2018 ____ / ____ Sunday May. 6, 2018 ____ / ____ A SEPARATE ENTRY FORM MUST BE USED WHEN A DOG IS ENTERED IN 2 CLASSES		
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> PreNovice <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Novice C <input type="checkbox"/> Novice Intermediate <input type="checkbox"/> OpenHA <input type="checkbox"/> Open 18A </div> <div style="width: 30%;"> <input type="checkbox"/> OpenHB <input type="checkbox"/> Open18B <input type="checkbox"/> Utility A <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only </div> <div style="width: 30%;"> JUMPS Height _____ Width _____ Veterans _____ </div> </div>		
<input type="checkbox"/> Prepaid Catalogue		
REG. NAME OF DOG		
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CCN <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED	DATE OF BIRTH _____ / _____ / _____ Month Day Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		
OWNER'S ADDRESS		
CITY	PROV./STATE	POSTAL CODE
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