OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE



## Lakes Districts Kennel Club May 4, 5 & 6 2018

OFFICE US

l enclose total \$ Entry Fees \$Listing Fees	\$ Prepaid Catalogue\$			
Show 1 Show 2 Show 3 Show 3	how 4 Show 5 S	how 6		
BREED	VARIETY	MALE FEMALE		
		· <del></del>		
Junior Puppy Special Special Baby		9m /9-12m		
12-18 Months Exhibi				
	• ,	-10y / 10+Y		
Bred By Exhibitor Veterar Open	S			
Орен				
REG. NAME OF DOG	DATE OF BIRTH	ON SHOW DATE IS		
CHECK ONE – AND - ENTER NUMBER BELOW CKC REG. NO.	DATE OF BIRTH	THIS A PUPPY?		
CKC MISC. CERT. NO. — CKC ERN NO	//	YESNO		
CKC PEN NO LISTED M	onth Day Year PLACE	OF BIRTH		
NUMBER:	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				
	T			
CITY	PROV./STATE	POSTAL CODE		
IDs will not be mailed – please supply email address below for entry confirmation				
VISAMASTERCARDAME	RICAN EXPRESS			
CARD NO.	EXP	IRY/		
CARDHOLDER NAME (PLEASE PRINT)		<del></del>		
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	T	elephone number		
E-MAIL:				

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### Lakes Districts Kennel Club May 4, 5 & 6 2018

Landana	_1						
I enclose	Entry	Foos ¢		isting Fees \$	Propoid	Catalogue	,¢
total \$	⊏iiii y	rees $\phi_{}$		ising rees $\phi_{-}$	ггераій	Catalogue	÷Φ
S	how 1	Show 2	Show 3	Show 4	Show 5	Show	6
BREED					VARIETY		MALE FEMALE
				l	VARILIT		I LMALL
Junio	r Puppy			Specials Only	Swee	ns	
	or Puppy			Baby Puppy			/9-12m_
12-18 N				Exhibition Only		8m	
Cana	dian Bred			Exhibition Only (		ans 7-10v	/ 10+Y
Bred				Veterans	,		
Open	1						
•							
DEC NAME O							
REG. NAME O	F DOG			DA1	E OF BIRTH		ON SHOW DATE
CHECK ONE -	AND - EN	TER NUMBER	BELOW	DA	LOI BIKIII		IS THIS A
CKC REG.	NO						PUPPY?
CKC MISC.		)CKC	ERN NO.	/_	/		YES NO
CKC PEN N	NO.	LIST	Eυ	Month		ear	
NUMBER:						PLACE OF	BIRTH ELSEWHERE
					CANA	<u></u>	LESEWHERE
BREEDER(S)							
SIRE							
DAM							
REG'D OWNER(	S)						
OWNER'S ADDR	RESS						
CITY					PROV./ST/	ATE PO	OSTAL CODE
NAME OF OWNE		IT			1	,	
(IF ANY) AT THE	SHOW						
AGENT'S ADDR	ESS						
CITY					PROV./ST/	ATE PO	OSTAL CODE
<u>IDs will n</u>	ot be m	<u>ailed – ple</u>	ase supp	oly email addr	ess below fo	r entry c	onfirmation
	VISA _	MASTERC	ARD	_AMERICAN EXPR	ESS		
CARD NO.						EXPIRY	
CARDHOLDER NAME (PLEASE PRINT)							
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and regulations appearing in the premium list.							
Ţ		•					
SIGNATURE C	OF OWNE	R OR AGEN	NT		-	Telei	ohone number
						-	
F-MAII ·							

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OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

# LAKES DISTRICT KENNEL CLUB



# Obedience Trials May 5 & 6, 2018

OFFICE USE

	ORPORIOS DE LOS DESCRIPTOS DE LOS DELOS DE LOS DELOS DE LOS DELOS					
	I enclose \$	Entry Fe	ees \$	Lis	sting Fees \$	
	Saturday Ma	v 5 2018	/ Sun	day May	v. 6,2018/_	
A SEPARATE ENT	TRY FORM MUST B					
BREED				VAR	HETY	MALE FEMALE
		☐ Oper				
☐ PreNovice						JUMPS
□ Novice A		□ Utili			Height	
□ Novice B		□ Utili	-		Width	
□ Novice C		☐ Exhib	oition Only			
□ Novice Into	ermediate				Veterans	_
☐ OpenHA☐ Open 18A					Prop	aid Catalogue
•					гтера	alu Catalogue
REG. NAME OF DOC	3			DATE OF	BIRTH	ON SHOW DATE IS THIS A
CHECK ONE	- AND - ENTER NUMBE	R BELOW				PUPPY?
CKC REG. NO		CKC ERN NO.				YESNO
CKC PEN NO.		ISTED	Month	/	/ Year	
NUMBER:			Month	Day		L CE OF BIRTH ELSEWHERE
				L		EDEWHERE
BREEDER(S)						
SIRE						
DAM						
REG'D OWNER(S)						
OWNER'S ADDRES	SS					
CITY					PROV./STATE	POSTAL CODE
					FROV./STATE	FOSTAL CODE
NAME OF OWNER' (IF ANY) AT THE SI						
AGENT'S ADDRES	S					_
CITY					PROV./STATE	POSTAL CODE
IDs will not be mailed – please supply email address below for entry confirmation						
	VISA MASTE	RCARD AN	MERICAN EXPR	ESS		
CARD NO.					_ EXP	IRY/
CARDHOLDER NAME (PLEASE PRINT)						
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SIGNATURE OF OWNER OR AGENT Telephone number						
E-MAIL:						