



OFFICIAL CANADIAN KENNEL CLUB ENTRY

I ENCLOSE \$ _____ FOR ENTRY FEES \$ _____ LISTING FEES \$ _____

PLEASE TYPE OR PRINT CLEARLY

BREED _____ SEX _____

STAKE _____ Date (DD-MMM-YYYY) _____

REGISTERED NAME OF DOG _____

CHECK ONE AND ENTER NUMBER HERE <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> FOREIGN NO. & COUNTRY	DATE OF BIRTH (DD-MMM-YYYY) _____
	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE

BREEDER(S) _____

SIRE _____

DAM _____

REG'D OWNER(S) _____

OWNER'S ADDRESS _____

CITY _____	PROVINCE _____	POSTAL CODE _____
------------	----------------	-------------------

NAME OF HANDLER _____

HANDLER'S ADDRESS _____	<input type="checkbox"/> AMATEUR <input type="checkbox"/> PROFESSIONAL
-------------------------	---

CITY _____	PROVINCE _____	POSTAL CODE _____
------------	----------------	-------------------

FOR RETRIEVER TRIALS ONLY: THIS IS TO CERTIFY THAT

THIS DOG IS IS NOT QUALIFIED FOR A LIMITED ALL-AGE STAKE

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 NO.



OFFICIAL CANADIAN KENNEL CLUB ENTRY

I ENCLOSE \$ _____ FOR ENTRY FEES \$ _____ LISTING FEES \$ _____

PLEASE TYPE OR PRINT CLEARLY

BREED _____ SEX _____

STAKE _____ Date (DD-MMM-YYYY) _____

REGISTERED NAME OF DOG _____

CHECK ONE AND ENTER NUMBER HERE <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> FOREIGN NO. & COUNTRY	DATE OF BIRTH (DD-MMM-YYYY) _____
	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE

BREEDER(S) _____

SIRE _____

DAM _____

REG'D OWNER(S) _____

OWNER'S ADDRESS _____

CITY _____	PROVINCE _____	POSTAL CODE _____
------------	----------------	-------------------

NAME OF HANDLER _____

HANDLER'S ADDRESS _____	<input type="checkbox"/> AMATEUR <input type="checkbox"/> PROFESSIONAL
-------------------------	---

CITY _____	PROVINCE _____	POSTAL CODE _____
------------	----------------	-------------------

FOR RETRIEVER TRIALS ONLY: THIS IS TO CERTIFY THAT

THIS DOG IS IS NOT QUALIFIED FOR A LIMITED ALL-AGE STAKE

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 NO.