



## Halifax Kennel Club

<input type="checkbox"/> Show 1 (Fri)	Entry fees: ___ x \$30.00 = _____
<input type="checkbox"/> Show 2 (Sat)	Baby Puppy Entry fees: ___ x \$20.00 = _____
<input type="checkbox"/> Show 3 (Sat)	Listing Fees: ___ x \$11.50 = _____
<input type="checkbox"/> Show 4 (Sun)	Ex. Only: ___ x \$ 8.00 = _____
	Catalog: ___ x \$ 8.00 = _____
	Total: _____
<input type="checkbox"/> Catalog	

Please Print or type CLEARLY

Enter in one only of the following classes

## CONFORMATION

<input type="checkbox"/> 3-6 Month Puppy	<input type="checkbox"/> Canadian Bred
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only
	<input type="checkbox"/> Exhibition Only

BREED	VARIETY	SEX
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## NAME OF DOG

Check one &amp; enter Reg # here

\_\_\_ CKC Reg #  
 \_\_\_ CKC ERN #  
 \_\_\_ CKC MSC # \_\_\_\_\_  
 \_\_\_ Listed

Date Of Birth

\_\_\_ \_\_\_ \_\_\_  
 Day Month Year

Is this a puppy?

YES \_\_\_ NO \_\_\_

Place Of Birth \_\_\_ Canada \_\_\_ Elsewhere

BREEDER

SIRE

DAM

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
------	------	-----------

AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
------	------	-----------

Mail ID to: \_\_\_ OWNER or \_\_\_ AGENT

I CERTIFY that I am the registered owner(s) of this 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. Also, 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 agent or owner \_\_\_\_\_

Phone Number \_\_\_\_\_

Email: \_\_\_\_\_



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