



**OFFICIAL CANADIAN KENNEL CLUB FORM  
CONFORMATION  
WINE COUNTRY KENNEL CLUB**

CLOSING DATE: 8PM  
WED, SEPT 23, 2015  
Make fees payable  
to:  
Wine Country Kennel  
Club  
Mail to: M. Brown  
9 Harvest Oak Dr  
St. Catharines, ON  
L2S 3H4

- Friday Oct. 9, 2015
- Saturday Oct. 10, 2015
- Sunday Oct. 11, 2015
- Monday Oct. 12, 2015

**Entry Fees**  
\$30.00 per show \$ \_\_\_\_\_  
Exhibition Only  
\$10.00 per show \$ \_\_\_\_\_  
**Listing Fees**  
\$9.50 per show \$ \_\_\_\_\_  
**Baby Puppy**  
\$12.00 per show \$ \_\_\_\_\_  
**Catalogue**  
\$8.00 each \$ \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

Breed	Variety	Sex
<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"/> CANADIAN BRED	<input type="checkbox"/> BABY PUPPY	
	<input type="checkbox"/> EXHIBITION ONLY	

Reg. Name of Dog \_\_\_\_\_

Check One and Enter Number Here

<input type="checkbox"/> CKC Reg. No	Date of Birth	Is this a puppy? Yes _____ No _____
<input type="checkbox"/> CKC ERN No.	D _____ M _____	
<input type="checkbox"/> CKC Misc. Cert	Y _____	
<input type="checkbox"/> Listed	Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breed(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Registered Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_

Name of Owner's Agent (if any) at the show \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Mail I.D. to:  Owner or  Agent

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. In addition, 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 Owner or Agent \_\_\_\_\_

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

Please provide email address for online entry confirmation. \_\_\_\_\_



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L2S 3H4

- Friday Oct. 9, 15
- Saturday Oct. 10/15
- Sunday Oct. 11/15
- Monday Oct. 12/15

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Sire \_\_\_\_\_

Dam \_\_\_\_\_

Registered Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_

Name of Owner's Agent (if any) at the show \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

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