



OFFICIAL CANADIAN KENNEL CLUB FORM  
**CONFORMATION**

**SEAWAY KENNEL CLUB**

Saturday, September 4, 2021    Sunday, September 5, 2021    Monday, September 6, 2021

**CLOSING DATE: 8 P.M. (EST)**  
**WEDNESDAY, AUGUST 25, 2021**

Make fees payable to  
**Seaway Kennel Club**

and mail to:

MJN Show Services  
33 Devonglen Drive  
Kitchener, ON N2E 1Z6

*Please type or print clearly*

Entry Fees (\$32) \$ \_\_\_\_\_  
TCN Listing Fees (\$11.30) \$ \_\_\_\_\_  
Baby Puppy (\$20) \$ \_\_\_\_\_  
Exhibition Only (\$10/day) \$ \_\_\_\_\_  
Pre-Ordered Catalogue (\$6) \$ \_\_\_\_\_  
TOTAL enclosed \$ \_\_\_\_\_

Breed	Variety	Sex
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Enter in the following Classes:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Junior Puppy  | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Baby Puppy                           |
| <input type="checkbox"/> Senior Puppy  | <input type="checkbox"/> Open              | <input type="checkbox"/> Catalogue                            |
| <input type="checkbox"/> 12-18 Month   | <input type="checkbox"/> Specials Only     |   |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only   | <input type="checkbox"/> <i>Bred By Exhibitor Competition</i> |

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

Check One:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> CKC Reg. No. | <input type="checkbox"/> CKC MCN |
| <input type="checkbox"/> CKC ERN      | <input type="checkbox"/> CKC TCN |

Date of Birth	Is this a puppy?
D _____ M _____ Y _____	YES ___ NO ___

Enter Number Here: \_\_\_\_\_

Place of Birth  
 Canada    Elsewhere

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

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

City	Prov.	Code
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Name of Owner's Agent (if any)  
at the Show \_\_\_\_\_

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

City	Prov.	Code
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Mail I.D. to  Owner or  Agent   Email \_\_\_\_\_

**FAX/CREDIT CARD ENTRIES**

Am Express    Mastercard    VISA   Card No. \_\_\_\_\_   Expiry \_\_\_\_\_

Name of Cardholder \_\_\_\_\_   Signature \_\_\_\_\_

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. 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 of misfortune however caused.

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_