



**OFFICIAL CANADIAN KENNEL CLUB FORM
THOUSAND ISLANDS KENNEL & OBEDIENCE CLUB**

**Mail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0**



Conformation

- () Friday, Aug. 19
() Saturday, Aug. 20
() Sunday, Aug. 21

Rally

- () Friday, Aug 19 #1
() Friday, Aug 19 #2

Obedience

- () Saturday, Aug 20 # 1
() Saturday, Aug 20 # 2
() Sunday, Aug 21 # 3
() Sunday, Aug 21 # 4

() Catalogue \$10.00

Total: \$ **Entry Fees: \$** **Listing Fees: \$** **Catalog: \$**

Breed **Variety** **Sex**

Enter in the following classes:

- | | | | | |
|--|--|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Nov. A | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Open A |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Nov. B | <input type="checkbox"/> Novice A | <input type="checkbox"/> Open B |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Brace | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Novice B | <input type="checkbox"/> Utility A |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Veterans | <input type="checkbox"/> Adv. A | <input type="checkbox"/> Novice C | <input type="checkbox"/> Utility B |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered | <input type="checkbox"/> Adv. B | <input type="checkbox"/> Nov. Intermediate | |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Exc. A | | |
| | | <input type="checkbox"/> Exc. B | Jumps: Rally _____ | Obedience: _____ |

Reg.Name of Dog _____

Check One and Enter Number Here

- | | | |
|--|--|--|
| <input type="checkbox"/> CKC Reg.No. | Date of Birth | Is this a Puppy? |
| <input type="checkbox"/> CKC ERN No. | D ___ M ___ Y ___ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> CKC Misc.Cert.No. | | |
| <input type="checkbox"/> CKC CCN No. | Place of Birth | |
| <input type="checkbox"/> Listed (no C.K.C.No.) | <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere | |

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City _____ Prov. _____ Postal Code _____

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail I.D. to:

- Owner
 Agent

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NUMBER _____

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.

EMAIL: _____

FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ **Security Code** _____