

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



Conformation Show: Cavalier King Charles Spaniel Club of Canada NATIONAL

SATURDAY AUGUST 31, 2019

•		rvices Phone: /80-814-	-3003	
Comp 56 Site 11I	RR 2 Sexsmith Alberta	Fax: 877-993-6879		
Entry Fees \$	Listing Fees \$	Catalogue \$	P/F \$	Total \$
Breed: Cavalier King Charles Spaniel Color				
Enter in the following Regu	lar and Non-regular classes			
[] Junior Puppy [] Senior Puppy [] 12 to 15 Months	[] Open Black & Tan [] Open Blenheim [] Open Ruby [] Open Tri-Colour	[] Stud Dog and Get [] Brood Bitch and Progeny [] Brace [] Baby Puppy		
[] Canadian Bred	[] Specials Only	[] Altered		
[] Bred by Exhibitor	•			
[] Veterans 7 to 9 Years [] Veterans 9 to 11 Years [] Veterans 11 Years +		[] Exhibition Only		
	. ~			
Enter in the following Swee [] 3-6 Month	onths [] 9 to 12 Months []	12 to 15 Months [] 15 to 18 Me	onths	
Reg. Name of Dog_				
	d enter number here			
[] CKC Reg. No.	<u></u>			
[] CKC ERN No.				
[] CKC Misc. Cert No.				
[] CKC PEN No. []				
LISTED (No CKC/ERN				
		ouppy? Y N Place of	of Birth Canada	[] Elsewhere []
Sire:				
Dam:		<u></u>		
Owner's Address:				
City:	Prov:	Postal Code:		
Name of Owner's A	gent:			
	<u> </u>			
City:	Prov:	Postal Code:		
Mail to: [] Owner [Agent			
		ade of this entry. I hereby o	ertify that I un	derstand the CKC rules
		ne Premium List for this sh		
[] Visa [] MasterC			g	
Expiry Date:/_			_	
	Print)			
Cardholder Signatur	e:			
Cignature of Owner	1			
Phone:	Agent:Email:			
I IIOIIC.	Lillali			

OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE & RALLY OBEDIENCE CAVALIER KING CHARLES SPANIEL CLUB OF CANADA



OFFICE USE

SATURDAY AUGUST 31, 2019

Rally Obedience	Entry Fee (\$30.00 per trial)			
Saturday Trial 1	Listing Fee (\$10.50 per trial)		OBEDIENCE Saturday Trial 1	
	Prepaid Catalogue \$12.00 each Total)	- •	
DI FASS TYPE OF PRINT OF FARILY	10tai			
PLEASE TYPE OR PRINT CLEARLY			MALE	
BREED: CAVALIER KING CHARLES SPANIEL		VARIETY	FEMALE	
ENTER IN THE FOLLOWING CLASSES: RALLY OBEDIENCE	ENTER IN THE FOLLOWING CLASSES: OBEDIE	NCE		
	1			
NOVICE A (R.N) MASTERS NOVICE B (R.N.) EXHIBITION ONLY (RALLY)	NOVICE A	PRE-NO		
INTERMEDIÀTE EXHIBITION ONLY (3-6 Mo.)	NOVICE B	NOVICE	INTERMED	
ADVANCED "A" (R.A.) JUMP HEIGHTADVANCED "B" (R.A.)	OPEN HA	VETER. JUMP HEIGHT		
ADVANCED "B" (RA.)	OPEN 18A OPEN HB	JUMP WIDTH _		
EXCELLENT "B"(R.E.) 15" and under 20" (12"/24")	OPEN 18B	EXHIBI	TION ONLY OBED	
20" and over (16"/32")	UTILITY A	Exhibiti	on Only (3-6)m	
	UTILITY B			
REG'D. NAME OF DOG				
REG D. NAME OF DOG	DATE OF BIRTH			
CHECK ONE & ENTER NUMBER BELOW:		ON SHO	V DATE IS THIS A PUPPY?	
CKC REG. NO CKC ERN NO LISTED	/	/		
CKC MISC. CERT. NO. CKC PEN NO. CKC CCN NO.			YES NO	
		-		
L	Day Month Year	DI 405	AE DIDTU	
NUMBER:		CANADA	OF BIRTH ELSEWHERE	
BREEDER(S)				
SIRE				
DAM				
REG'D OWNER(S) CKC	C MEMBERSHIP #			
OWNER'S ADDRESS				
CITY NAME OF OWNER'S AGENT		PROV./STATE	POSTAL CODE	
(IF ANY) AT THE SHOW				
AGENT'S ADDRESS				
CITY		PROV./STATE	POSTAL CODE	
Mail to Owner or Agent				
VISA MASTERCARD AMERICAN EXPRESS				
CARD NO			EXPIRY/	
CARDHOLDER NAME (PLEASE PRINT)				
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.				
CIGNATURE OF CHAIFF OR ACENT				
SIGNATURE OF OWNER OR AGENT				



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Conformation Show: Interior Cavalier King Charles Spaniel Club REGIONAL



FRIDAY, AUGUST 30, 2019

•	Arcticdreams Snow Ser		-300	
Comp 56 Site 11	RR 2 Sexsmith Alberta	Fax: 877-993-6879		
Entry Fees \$	Listing Fees \$	Catalogue \$	P/F \$	Total \$
Breed: Cavalier	King Charles Spaniel	Color		Sex
Enter in the following Regu	ular and Non-regular classes			
[] Junior Puppy	[] Open Black & Tan	[] Stud Dog and Get		
Senior Puppy		[] Brood Bitch and Progeny		
[] 12 to 15 Months [] 15 to 18 Months	[] Open Ruby [] Open Tri-Colour	[] Brace		
[] Canadian Bred	[] Specials Only	[] Baby Puppy [] Altered		
[] Bred by Exhibitor	,			
[] Veterans 7 to 9 Years		[] Exhibition Only		
[] Veterans 9 to 11 Years [] Veterans 11 Years +				
[] Veteralis II Tears				
Enter in the following Swee				
[] 3-6 Month	Ionths [] 9 to 12 Months []	12 to 15 Months [] 15 to 18 Mo	onths	
[] 7 to 9 Years [] 9 to	11 Years 11 Years +			
Reg. Name of Dog				
•	nd enter number here			
[] CKC Reg. No.	nd enter number nere			
[] CKC ERN No.				
[] CKC Misc. Cert No.				
[] CKC PEN No. []				
LISTED (No CKC/ERN				
	D Y Is this a p		f Birth Canada	[] Elsewhere []
Breeder:				
Sire:				
Reg. Owner:				
Owner's Address:	D .			
City:	Prov: F			
Name of Owner's A	Agent:			
Agent's Address:				
City:	Prov:	Postal Code:		
Mail to: [] Owner [- 0			
	sibility for all statements ma			
	nditions and provisions in th	e Premium List for this sh	ow and agree to	be bound by the same.
[] Visa [] Master				
Card Number:			_	
Expiry Date:/	<u></u>			
Cardholder Name: ((Print)			
	re:			
Signature of Owner	/Agent:Email:			
Phone:	Email:			





OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Conformation Show: Cavalier King Charles Spaniel Club Of BC REGIONAL

SUNDAY, SEPTEMBER 1, 2019

Show Secretary: Arcticdreams Show Serv		3665	
Comp 56 Site 11RR 2 Sexsmith Alberta F			
Entry Fees \$ Listing Fees \$	Catalogue \$	P/F \$	Total \$
Breed: Cavalier King Charles Spaniel	Color		Sex
Enter in the following Regular and Non-regular classes [] Junior Puppy	[] Stud Dog and Get [] Brood Bitch and Progeny [] Brace [] Baby Puppy [] Altered [] Parade of Titleholders [] Exhibition Only		
Enter in the following Sweepstakes Classes [] 3-6 Month	2 to 15 Months [] 15 to 18 Mon	nths	
Reg. Name of Dog			
Please Check one and enter number here [] CKC Reg. No. [] CKC ERN No. [] CKC Misc. Cert No. [] CKC PEN No. [] LISTED (No CKC/ERN No.) Date of Birth M D Y Is this a pu Breeder: Sire: Dam: Reg. Owner: Owner's Address: City: Prov: Pe	uppy? Y N Place of _ _ _ _	Birth Canada	[] Elsewhere []
City: Prov: Po	ostal Code:		
Name of Owner's Agent:			
Agent's Address: Prov: Prov:	Postal Code:		
Mail to: [] Owner [] Agent	1 05ta1 Couc		
I accept full responsibility for all statements made and regulations, conditions and provisions in the [] Visa [] MasterCard [] Amex Card Number: Expiry Date:/	Premium List for this sho		
Cardholder Name: (Print)			
Cardholder Signature:			
Signature of Owner/Agent:			
Phone:	Email:		