

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Battle River Canine Association October 27, 28, and 29, 2017	OFFICE USE
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ Oct. 27, 2017 ___/ Oct. 28,2017 ___/ Oct. 29,2017 ___		
BREED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred		<input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open <input type="checkbox"/> Specials Only <input type="checkbox"/> Exhibition Only
		<input type="checkbox"/> Prepaid Catalogue <input type="checkbox"/> Puppy Sweepstakes <input type="checkbox"/> Veterans Class(Sat)
REG. NAME OF DOG		
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	DATE OF BIRTH _____ / _____ / _____ Month / Day / Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		
OWNER'S ADDRESS		
CITY	PROV./STATE	POSTAL CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
CITY	PROV./STATE	POSTAL CODE
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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.		
SIGNATURE OF OWNER OR AGENT _____		Telephone number _____
E-MAIL:		

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