



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

ASSOCIATION CANINE CHARLEVOISIENNE _____

Conformation

MAIL TO :

- Friday May 6
- Sunday May 7
- Sunday May 8

Pascale Pontois
711 Chemin St Edmond
St Barthélemy (Qc), J0K 1X0

- Catalog \$10.00 (pre-ordered only)

ENTRIES CLOSE : APRIL 20 , 9:00 PM

BREED	VARIETY	SEX
CONFORMATION <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 Months <input type="checkbox"/> Special Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Baby Puppy (4-6 Mths) <input type="checkbox"/> Exhibition Only		
REG. NAME OF DOG		
CHECK ONE <input type="checkbox"/> CKC REG. NO <input type="checkbox"/> CKC MISC. CERT. NO <input type="checkbox"/> CKC ERN NO <input type="checkbox"/> TCN NO (Listed)		DATE OF BIRTH D M Y
ENTER NUMBER HERE _____		PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		
OWNER'S ADDRESS		
CITY	PROV.	PC
NAME OF OWNER'S AGENT		
AGENT'S ADDRESS		
CITY	PROV	PC
MAIL I.D. TO <input type="checkbox"/> OWNER OR <input type="checkbox"/> AGENT		
• VISA • MASTERCARD 3 chiffres contrôle Arrière _____ CARTE # _____ DATE D'EXPIRATION ____/____		
NOM DU TITULAIRE DE LA CARTE _____		

I 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 NO.