



**Official CKC Entry Form  
NORTHERN ALBERTA CANINE ASSOCIATION**

**June 3, 4, 5 & 6 – 2016**

**FINAL  
ENTRIES  
CLOSE MAY  
17, 2016 AT  
10PM  
Enter early!  
Save \$\$\$**

**CONFORMATION**

- Friday   
 Saturday   
 Sunday   
 Monday

**OBEDIENCE**

- Friday   
 Saturday   
 Sunday

**RALLY**

- Friday   
 Saturday   
 Sunday

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
Entry Fees                      CKC Listing Fees                      Prepaid Catalogue                      Total Enclosed

**Please print clearly-what we see is what is printed in the catalogue & CKC recordings**

Breed	Color	Sex
<p>Enter in the following classes:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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           </div> <div style="width: 45%;"> <input type="checkbox"/> Veterans (Sat &amp; Sun)  <input type="checkbox"/> Specials  <input type="checkbox"/> Baby Puppy (Fri, Sat, Sun)  <input type="checkbox"/> Exhibition  <input type="checkbox"/> Exhibition 3-6 Months           </div> </div>		
<input type="checkbox"/> NACA All Terrier Specialty (Saturday) <input type="checkbox"/> NACA Collie/Sheltie Specialty (Sunday)		
Obedience Class _____ Rally Class _____ (Make sure you indicate A or B) Jump Heights: _____		

**Reg'd Name of Dog:** (CKC – RECOGNIZED TITLES ONLY) \_\_\_\_\_

<b>CHECK ONE AND ENTER NUMBER HERE</b>		<b>Date of Birth</b>	
CKC Reg.No. <input type="checkbox"/>	_____	Month	Day      Year
Listed <input type="checkbox"/>	_____	Place of Birth _____	
CKC ERN No. <input type="checkbox"/>	(CKC #) _____	Is This Dog A Puppy? _____	

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

**Sire** \_\_\_\_\_

**Dam** \_\_\_\_\_

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

**Owners Address**

City	Prov/State	Postal/Zip Code
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**Name of Owner's Agent (if any)** \_\_\_\_\_ **Mail to:**  Agent     Owner

**Agent's Address**

City	Prov/State	Postal/Zip Code
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VISA     MASTERCARD     AMEX    \_\_\_\_\_  
NAME ON CARD

**CARD NUMBER** \_\_\_\_\_ **EXPIRY DATE** \_\_\_\_\_

*I CERTIFY that I am the registered owner of the dog or that I am the authorized agent of the owner whose name I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I 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. I have read and agree to abide by the terms on the opposite page.*

Signature of Owner or Agent \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email (important for entry confirmation) \_\_\_\_\_