

OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION	OFFICE USE
EVELYN KENNY KENNEL & OBEDIENCE CLUB November 25 - 28, 2021		
CONFORMATION		
<input type="checkbox"/> Entry Fee <input type="checkbox"/> Prepaid Catalogue @ \$15.00 <input type="checkbox"/> Friday <input type="checkbox"/> TCN Fee <input type="checkbox"/> Prepaid Benching @ \$20.00 <input type="checkbox"/> Saturday <input type="checkbox"/> Additional Benching @ \$15.00 <input type="checkbox"/> Sunday		
<i>PLEASE TYPE OR PRINT CLEARLY</i>		
BREED		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
VARIETY		
ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> JUVENILE SWEEPS - THURSDAY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY (4 - 6 Months) <input type="checkbox"/> 6 - 9 Months <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> 9 - 12 Months <input type="checkbox"/> 12 - 18 Months <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BABY PUPPY (Fri) <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY		
REG'D NAME OF DOG		
CHECK ONE & ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. NO. <input type="checkbox"/> TCN NO.		DATE OF BIRTH ____ / ____ / ____ <small>Day Month Year</small>
		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)		CKC MEMBERSHIP #
OWNER'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
CITY	PROV / STATE	POSTAL / ZIP 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 _____		
E-MAIL ADDRESS: _____		TELEPHONE NUMBER _____

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