
 <p>Official Canadian Kennel Club Entry Form Maritime Golden Retriever Club September 25, 2021</p>	Administrative use only
<p>[] Show 1 Regular Entry fees: ___ x \$30.00 = _____ Baby Puppy Entry fees: ___ x \$15.00 = _____ TCN Fees: ___ x \$11.50 = _____ Unofficial Entry Fees : ___ x \$15.00 Ex. Only: ___ x \$10.00 = _____</p>	
<p>Cheques to Maritime Golden Retriever Club TOTAL: _____</p>	
Please Print or type CLEARLY	
<p>Enter in one only of the following classes CONFORMATION <input type="checkbox"/> 4-6 Month Puppy <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Open <input type="checkbox"/> Brace <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Veteran <input type="checkbox"/> Stud Dog <input type="checkbox"/> Brood Bitch <input type="checkbox"/> 12-18 Month <input type="checkbox"/> Field Class <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Specials Only <input type="checkbox"/> Sexually Altered</p>	
VARIETY	SEX
NAME OF DOG	
<p>Check one & enter Reg # here ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ TCN # _____</p>	<p>Date Of Birth _____ Is this a puppy? YES ___ NO ___ Day Month Year</p>
Place Of Birth ___ Canada ___ Elsewhere	
BREEDER	
SIRE	
DAM	
REG. OWNER	
OWNER ADDRESS	
CITY	PROV
POST CODE	
AGENT NAME	
AGENT ADDRESS	
CITY	PROV
POST CODE	
Mail ID to: ___ OWNER or ___ AGENT	
<p>I CERTIFY that I am the registered owner(s) of this 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 Federation of Canada and by any additional rules and regulations appearing in the premium list. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.</p>	
Signature of agent or owner _____	Phone Number _____
Email: _____	

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<p>[] Show 1 Regular Entry+ Altered fees: ___ x \$30.00 = _____ Baby Puppy+ Unofficial Entry fees: ___ x \$15.00 = _____ TCN Fees: ___ x \$11.50 = _____ Ex. Only: ___ x \$10.00 = _____ Catalog: ___ x \$10.00 = _____</p>	
<p>[] Catalogue TOTAL: _____</p>	
Please Print or type CLEARLY	
<p>Enter in one only of the following classes CONFORMATION <input type="checkbox"/> 4-6 Month Puppy <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Open <input type="checkbox"/> Brace <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Veteran <input type="checkbox"/> Stud Dog <input type="checkbox"/> Brood Bitch <input type="checkbox"/> 12-18 Month <input type="checkbox"/> Field Class <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Specials Only <input type="checkbox"/> Sexually Altered</p>	
BREED	VARIETY
SEX	
NAME OF DOG	
<p>Check one & enter Reg # here ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ TCN # _____</p>	<p>Date Of Birth _____ Is this a puppy? YES ___ NO ___ Day Month Year</p>
Place Of Birth ___ Canada ___ Elsewhere	
BREEDER	
SIRE	
DAM	
REG. OWNER	
OWNER ADDRESS	
CITY	PROV
POST CODE	
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AGENT ADDRESS	
CITY	PROV
POST CODE	
Mail ID to: ___ OWNER or ___ AGENT	
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