

Office Use Only



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Official Entry For

GROUP SPECIALTY CONFORMATION SHOW

Group V Dog Club of B.C.

ENTRIES CLOSE: WEDNESDAY, March 29th, 2017 @ 9:00pm Pacific Time

Saturday (April 15th, 2017)

Cheques made payable to Group V Dog Club of B.C.

Mail to Classic Show Services #109-30989 Westridge Place Abbotsford, B.C. V2T 0E7 (604)-845-9510

Online and fax entry information at www.dogshow.ca

Entry Fee \$ _____ Listing Fee \$ _____

Catalog \$ _____ Total Enclosed \$ _____

<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Veteran 7+ years	Juvenile Sweepstakes (Sat):
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> 6-under 9mos <input type="checkbox"/> 9-under 12mos
<input type="checkbox"/> 12 to 18 Months	<input type="checkbox"/> Specials Only		Veteran Sweepstakes (Sat):
<input type="checkbox"/> Open	<input type="checkbox"/> Exhibition Only		<input type="checkbox"/> 7 yrs to under 10 yrs <input type="checkbox"/> 10+ yrs

DOG INFORMATION ***please print clearly***

Breed _____ Variety _____ Male Female

Reg'd Name of Dog _____

CKC Reg # CKC Misc. # CKC ERN # LISTED Insert # Here _____

Date Of Birth _____ Place of Birth: Canada Elsewhere Yes No
Puppy: Yes No

Breeder(s) _____

Sire _____

Dam _____

OWNER/AGENT INFORMATION

Reg'd Owner(s) _____ Membership # _____

Agent _____

Owner's Address _____ Postal Code _____

VISA Mastercard American Express A service charge of 10% will be assessed.

Credit Card # _____ Exp.Date _____ Name of Cardholder _____

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 the 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.

Signature of Owner/Agent _____ Ph.# () _____

Email Address (required) _____