



OFFICE USE	 <b>OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION</b> <b>EVELYN KENNY KENNEL &amp; OBEDIENCE CLUB</b> <i>January 28 - 30, 2022</i>	OFFICE USE	
<p><b>CONFORMATION</b></p> <p>_____ Entry Fee      _____ Prepaid Catalogue @ \$15.00</p> <p>_____ Friday      _____ TCN Fee      _____ Prepaid Benching – 10' @ \$20.00</p> <p>_____ Saturday      _____ Prepaid Benching – 20' @ \$35.00</p> <p>_____ Sunday      _____ Prepaid Benching – 30' @ \$50.00</p> <p>_____ Prepaid Benching – 40' @ \$65.00</p> <p style="text-align:center;"><i>PLEASE TYPE OR PRINT CLEARLY</i></p>			
BREED		VARIETY	_____ MALE _____ FEMALE
ENTER IN THE FOLLOWING CLASSES: <input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 – 18 MONTH <input type="checkbox"/> EXHIBITION ONLY (4 - 6 Months) <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> BABY PUPPY ( Sat ) <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY		<b>SWEEPSTAKES – FRIDAY</b> <input type="checkbox"/> 6 - 9 Months <input type="checkbox"/> 7 - 9 Years <input type="checkbox"/> 9 - 12 Months <input type="checkbox"/> 9 - 12 Years <input type="checkbox"/> 12 - 18 Months <input type="checkbox"/> 12+ Years	
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 _____ / _____ / _____ Day      Month      Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER	PLACE OF BIRTH _____ CANADA      _____ ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
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	
<b><i>IDs will not be mailed – please supply email address below for entry confirmation</i></b>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		EXPIRY _____ / _____	
CARD NO. _____		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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BREED		VARIETY	_____ MALE _____ FEMALE
ENTER IN THE FOLLOWING CLASSES: <input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 – 18 MONTH <input type="checkbox"/> EXHIBITION ONLY (4 - 6 Months) <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> BABY PUPPY ( Sat ) <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY		<b>SWEEPSTAKES – FRIDAY</b> <input type="checkbox"/> 6 - 9 Months <input type="checkbox"/> 7 - 9 Years <input type="checkbox"/> 9 - 12 Months <input type="checkbox"/> 9 - 12 Years <input type="checkbox"/> 12 - 18 Months <input type="checkbox"/> 12+ Years	
REG'D NAME OF DOG			
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NUMBER	PLACE OF BIRTH _____ CANADA      _____ ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
OWNER'S ADDRESS			
CITY	PROV / STATE	POSTAL / ZIP CODE	
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AGENT'S ADDRESS			
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<b>OBEDIENCE</b> <input type="checkbox"/> Friday <input type="checkbox"/> Entry Fee <input type="checkbox"/> Prepaid Catalogue @ \$15.00 <input type="checkbox"/> Saturday <input type="checkbox"/> TCN Fee <input type="checkbox"/> Prepaid Benching – 10' @ \$20.00 <input type="checkbox"/> Sunday <input type="checkbox"/> Prepaid Benching – 20' @ \$35.00 <input type="checkbox"/> Prepaid Benching – 30' @ \$50.00 <input type="checkbox"/> Prepaid Benching – 40' @ \$65.00		
<i>PLEASE TYPE OR PRINT CLEARLY</i>		
BREED		VARIETY
ENTER IN THE FOLLOWING CLASSES:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> OPEN HA <input type="checkbox"/> NOVICE A <input type="checkbox"/> OPEN 18A <input type="checkbox"/> NOVICE B <input type="checkbox"/> OPEN HB <input type="checkbox"/> NOVICE C <input type="checkbox"/> OPEN 18B <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B	<input type="checkbox"/> MULTI-CLASS DISCOUNT  <input type="checkbox"/> EXHIBITION ONLY  HEIGHT _____	
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 ____ / ____ / ____ Day      Month      Year	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)		
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
<b><i>IDs will not be mailed – please supply email address below for entry confirmation</i></b>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS CARD NO. _____ EXPIRY ____ / ____	CARDHOLDER NAME (PLEASE PRINT) _____	
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<b>RALLY OBEDIENCE</b> <input type="checkbox"/> Friday <input type="checkbox"/> Entry Fee <input type="checkbox"/> Prepaid Catalogue @ \$15.00 <input type="checkbox"/> Saturday <input type="checkbox"/> TCN Fee <input type="checkbox"/> Prepaid Benching – 10' @ \$20.00 <input type="checkbox"/> Sunday <input type="checkbox"/> Prepaid Benching – 20' @ \$35.00 <input type="checkbox"/> Prepaid Benching – 30' @ \$50.00 <input type="checkbox"/> Prepaid Benching – 40' @ \$65.00		
<i>PLEASE TYPE OR PRINT CLEARLY</i>		
BREED		VARIETY
ENTER IN THE FOLLOWING CLASSES:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> NOVICE A <input type="checkbox"/> ADVANCED A <input type="checkbox"/> NOVICE B <input type="checkbox"/> ADVANCED B <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> EXCELLENT A <input type="checkbox"/> EXCELLENT B <input type="checkbox"/> MASTER	<input type="checkbox"/> RAE DISCOUNT <input type="checkbox"/> RMX DISCOUNT  <input type="checkbox"/> EXHIBITION ONLY  HEIGHT _____	
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 ____ / ____ / ____ Day      Month      Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SIRE		
DAM		
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