OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



Elsie Murray Canine Center Society

NOVEMBER 9 & 10, 2018

|--|

	1						
	I enclose \$	En	try Fees \$		Listing Fe	es \$_	
	Nov.9,	2018	/ Nov.10	0,20	18		
BREED				VAI	RIETY		MALE FEMALE
Junior Puppy Bred By Exhibitor Prepaid Catalogue Senior Puppy Open 12-18 Months Specials Only Canadian Bred Exhibition Only							
REG. NAME OF	DOG				DIDT!!	1 01	0101110110
CKC REG. I	CHECK ONE – AND - ENTER NUMBER BELOW CKC REG. NO. CKC MISC. CERT. NO. CKC PEN NO. LISTED		DATE OF BIRT / Month Day		/	TH	I SHOW DATE IS IS A PUPPY?YESNO
NUMBER:					PLACE CANADA		RTH _ELSEWHERE
BREEDER(S)							
SIRE							
DAM							
REG'D OWNER(S	3)						
OWNER'S ADDR	ESS						
CITY NAME OF OWNE (IF ANY) AT THE					PROV./STATE	POS	TAL CODE
AGENT'S ADDRE	ESS						
CITY					PROV./STATE	POS	TAL CODE
IDs will not be mailed - please supply email address below for entry confirmation							
_	VISAMASTERO	CARD	AMERICAN EX	XPRE			,
CARD NO EXPIRY							
	· · · · · · · · · · · · · · · · · · ·						
have entered abor this entry, I (we) a	am the registered owner(s) we and accept full responsil agree to be bound by the r opearing in the premium list	bility for al ules and	I statements made i	in this	entry. In considera	ation of	the acceptance of
SIGNATURE OF OWNER OR AGENT Telephone number						one number	
F-MAII ·							

OFFICE USE

E-MAIL:

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

LADIES' KENNEL CLUB OF B.C.

OFFICE USE

NOVEMBER 11 & 19 9018

NOVEWBERTI	& 12, 2016	
I enclose \$ Entry Fees \$	Listing Fees	\$
Nov. 11, 2018 / Nov. 1	12, 2018	
BREED	VARIETY	MALEFEMALE
Junior Puppy Specials Only Senior Puppy Exhibition Only 12-18 Months Canadian Bred Bred By Exhibitor Open	Prepai	id Catalogue
REG. NAME OF DOG		
CHECK ONE – AND - ENTER NUMBER BELOW CKC REG. NO. CKC ERN NO. LISTED	E OF BIRTH	ON SHOW DATE IS THIS A PUPPY?YESNO
CKC PEN NO LISTED Month	Day Year PLACE OF	
NUMBER:	CANADA	ELSEWHERE
BREEDER(S)		
SIRE		
DAM		
REG'D OWNER(S)		
OWNER'S ADDRESS		
NAME OF OWNER'S AGENT	PROV./STATE F	POSTAL CODE
(IF ANY) AT THE SHOW		
AGENT'S ADDRESS		
IDs will not be mailed – please supply email addre		POSTAL CODE
	-	COMMINATION
		<i>(</i>)
CARDINOLDED NAME (DI FASE DRINT)		
CARDHOLDER NAME (PLEASE PRINT)		
I CERTIFY that I am the registered owner(s) of the dog or that I am the a have entered above and accept full responsibility for all statements made i this entry, I (we) agree to be bound by the rules and regulations of the C and regulations appearing in the premium list.	n this entry. In consideratio	n of the acceptance of
SIGNATURE OF OWNER OR AGENT	Tel	ephone number