



OFFICIAL CANADIAN KENNEL CLUB FORM
CONFORMATION

**SOUTHWESTERN ONTARIO
ALL RETRIEVER SOCIETY**

AUGUST 21, 2021

**CLOSING DATE: 8 P.M. (EST)
THURSDAY, AUGUST 12, 2021**

Make fees payable to
**Southwestern Ontario All
Retriever Society**

and mail to:

MJN Show Services
33 Devonglen Drive
Kitchener, ON N2E 1Z6



Please type or print clearly

Entry Fees \$ _____
(\$35.00)
Listing Fees \$ _____
(\$11.30)
Baby Puppy \$ _____
(\$17.50)
Exhibition Only \$ _____
(\$10.00)
Catalogue (\$5.00) \$ _____
TOTAL enclosed \$ _____

Breed	Variety	Sex
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Enter in the following Classes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Specials Only |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> 12-18 Month | <input type="checkbox"/> Veterans | <input type="checkbox"/> Catalogue |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Baby Puppy | |

Reg. Name of Dog

Check One – and – Enter Number here

- CKC Reg. No. _____
- CKC ERN No. _____
- CKC MCN No. _____
- CKC TCN No. _____

Date of Birth

D _____ M _____ Y _____

Is this a puppy?

YES ___ NO ___

Place of Birth

Canada Elsewhere

Breeder(s)

Sire

Dam

Reg'd Owner(s)

Owner's Address

City

Prov.

Code

Name of Owner's Agent (if any)
at the Show

Agent's Address

City

Prov.

Code

Mail I.D. to Owner or Agent **Email** _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.