| Official Canadian Ker | Administrative use only | | | | | | | |
|---|--|----------------------------------|------------|---------------------------------|--|--|--|--|
| Island Dog Club 29 & 30 Oct 2022 | | | | | | | | |
| [] Show 2 [] Show 3 Baby [] Show 4 TCN I | Puppy & Veter Fees: Inly: | .00 = .00 = .50 = .00 = | | | | | | |
| Catalog Total: | Catalog: x \$ 8.00 = Total: | | | | | | | |
| Please Print or type CLEARLY | | | | | | | | |
| Enter in one only of the following classes CONFORMATION | | | | | | | | |
| [] Baby Puppy [[] Junior Puppy [[] Senior Puppy [] [] 12-18 Month [] Canadian Bred | [] Bred By Exhibitor [] Altered [] Open [] Veteran [] Specials Only | | | | | | | |
| BREED | | VAF | RIETY | SEX | | | | |
| NAME OF DOG | | | | | | | | |
| Check one & enter Reg # here CKC Reg #CKC ERN #CKC MSC #TCN | | Date Of Birth Day Month Year | | 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 | | | | | | | | |
| 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 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, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused. | | | | | | | | |
| Signature of agent or owner Email: | | | Phone Numb | er | | | | |

| Official Canadian Ke | Administrative use only | | | | | | | | |
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| Island Dog Club | | | | | | | | | |
| [] Show 2 [] Show 3 Baby [] Show 4 TCN Ex. C | • | .00 = 50 = | | | | | | | |
| | Catalog: x \$ 8.00 = Total: | | | | | | | | |
| Please Print or type CLEARLY | | | | | | | | | |
| Enter in one only of the following classes CONFORMATION | | | | | | | | | |
| [] Baby Puppy [[] Junior Puppy [] Senior Puppy [] 12-18 Month [] Canadian Bred | [] Bred By Exhibitor [] Altered [] Open [.] Veteran [] Specials Only | | | | | | | | |
| BREED | | | VARIET | ΓY | SEX | | | | |
| NAME OF DOG | | | | | · | | | | |
| Check one & enter Reg # here CKC Reg # CKC ERN # CKC MSC # TCN | | Date Of Birth Day Month Year | | | Place Of Birth Canada Elsewhere | | | | |
| BREEDER | | | | | | | | | |
| SIRE | | | | | | | | | |
| DAM | | | | | | | | | |
| REG. OWNER | | | | | | | | | |
| OWNER ADDRESS | | | | | | | | | |
| CITY PROV | | POST CODE | | | | | | | |
| AGENT NAME | | | | | | | | | |
| AGENT ADDRESS | | | | | | | | | |
| CITY | PROV | | PC | OST CODE | | | | | |
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| Signature of agent or owner Phone Number Email: | | | | | | | | | |