



OFFICIAL CANADIAN KENNEL CLUB FORM  
**THE ST. FRANCIS KENNEL & OBED. CLUB**  
 Mail to: Diana Edwards Show Services  
 1562 Route 203, Howick, Qc J0S 1G0

**OWNER HANDLED - Samedi / Saturday**

Conformation	Obedience	Rally Obedience
( ) Thurs, June 8 - # 1	( ) Sat. June 10 - Trial # 1	( ) Sat. June 10 - Trial # 1
( ) Thurs, June 8 - # 2	( ) Sat. June 10 - Trial # 2	( ) Sat. June 10 - Trial # 2
( ) Fri. June 9 - # 3	( ) Sun. June 11 - Trial # 3	( ) Sun. June 11 - Trial # 3
( ) Sat. June 10 - # 4	( ) Sun. June 11 - Trial # 4	( ) Sun. June 11 - Trial # 4
( ) Sun. June 11 - # 5	( ) Catalogue - \$8.00	

Total: \$      Entry Fees: \$      Listing Fees: \$      Catalogue: \$

Breed      Variety      Sex

Enter in the following classes:			<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Open A	<input type="checkbox"/> Novice A
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Novice A	<input type="checkbox"/> Open B	<input type="checkbox"/> Novice B	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Novice B	<input type="checkbox"/> Utility A	<input type="checkbox"/> Intermediate	
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Novice C	<input type="checkbox"/> Utility B	<input type="checkbox"/> Adv. A	
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Nov. Inter		<input type="checkbox"/> Adv. B	
<input type="checkbox"/> Canadian Bred	:			<input type="checkbox"/> Exc. A	
	Obed Jump:		Rally Jump:	<input type="checkbox"/> Exc. B	

Reg. Name of Dog

Check One and Enter Number Here

<input type="checkbox"/> CKC Reg.No.	Date of Birth	Is this a Puppy?
<input type="checkbox"/> CKC ERN No.	D ____ M ____ Y ____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CKC Misc. Cert. No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	
<input type="checkbox"/> CKC PEN No	<input type="checkbox"/> CKC CCN No.	

Breeder(s)

Sire

Dam

Reg'd Owner(s)

Owner(s) Address

City      Prov.      Postal Code

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

Agent's Address

City      Prov.      Postal Code

Mail / email I.D. to:

Owner  
 Agent

SIGNATURE OF OWNER OR AGENT      TELEPHONE NUMBER

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.

Email:

**FAX SERVICES - VISA / Mastercard / Amex - (450) 825-0894**

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Security Code: \_\_\_\_\_