



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show: Cavalier King Charles Spaniel

___ Friday September 3, 2021

___ Sunday September 5, 2021

Show Secretary: Arcticdreams Show Services Phone: 780-814-3665

Comp 56 Site 11 RR 2 Sexsmith Alberta Fax: 877-993-6879

Entry Fees \$ _____ TCN Fees \$ _____ Catalogue \$ _____ P/F \$ _____ Total \$ _____

Breed: Cavalier King Charles Spaniel Color _____ Sex _____

Enter in the following Regular and Non-regular classes

- | | | |
|---|---|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open Black & Tan | <input type="checkbox"/> Stud Dog and Get |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open Blenheim | <input type="checkbox"/> Brood Bitch and Progeny |
| <input type="checkbox"/> 12 to 15 Months | <input type="checkbox"/> Open Ruby | <input type="checkbox"/> Brace |
| <input type="checkbox"/> 15 to 18 Months | <input type="checkbox"/> Open Tri-Colour | <input type="checkbox"/> Baby Puppy |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Altered |
| <input type="checkbox"/> Bred by Exhibitor | | |
| <input type="checkbox"/> Veterans 7 to 9 Years | | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Veterans 9 to 11 Years | | |
| <input type="checkbox"/> Veterans 11 Years + | | |

Enter in the following Sweepstakes Classes

- 4-6 Baby Puppy 6 to 9 Months 9 to 12 Months 12 to 15 Months 15 to 18 Months
 7 to 9 Years 9 to 11 Years 11 Years +

Reg. Name of Dog _____

Please Check one and enter number here _____

- CKC Reg. No.
 CKC ERN No.
 CKC Misc. Cert No.
 CKC PEN No.

TCN (No CKC/ERN No.)

Date of Birth M ___ D ___ Y ___ Is this a puppy? Y ___ N ___ Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa MasterCard Amex

Card Number: _____

Expiry Date: ____/____/____

Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____

Phone: _____ Email: _____