



OFFICIAL ENTRY FORM
KARS DOG CLUB CONFORMATION

*All cheques are to be payable to KARS DOG SHOW and mailed to:
Belle Severn, 7339 Fourth Line Rd., RR#4 Kempville, ON K0G 1J0*

FEES: Entry Fee (\$) _____ Listing Fee \$ _____ Catalogue \$ _____

DATE	Conformation	SWEEPS	Veteran/Altered	Exh. Only	Listing
July 17, 2015	\$30.00 <input type="checkbox"/>			\$11.30 <input type="checkbox"/>	\$9.60 <input type="checkbox"/>
July 18, 2015	\$30.00 <input type="checkbox"/>	\$15.00 <input type="checkbox"/>	\$20.00 <input type="checkbox"/>	\$11.30 <input type="checkbox"/>	\$9.60 <input type="checkbox"/>
July 19, 2015	\$30.00 <input type="checkbox"/>		\$20.00 <input type="checkbox"/>	\$11.30 <input type="checkbox"/>	\$9.60 <input type="checkbox"/>

___ Junior Puppy ___ Bred by Exhibitor ___ Sweeps 6-9 months
 ___ Senior Puppy ___ Open ___ Sweeps 9-12 months
 ___ 12-18 months ___ Specials Only ___ Sweeps 12-18 months
 ___ Canadian Bred ___ Exhibition Only ___ Veteran
 ___ Altered

B R E E D _____ **V A R I E T Y** _____ **S E X** _____

Registered Name of Dog : _____

CKC Registration # _____ CKC MCN # _____

CKC ERN # _____ Listed () CKC CCN# _____

CKC PEN # _____ Date of Birth _____ (D/M/Y)

Puppy? Yes () No () Place of Birth Canada () Elsewhere ()

Breeder: _____

Sire: _____

Dam: _____

OWNER & AGENT INFORMATION Confirmation to Owner () or Agent ()

Registered Owner (s): _____ Membership No. _____

_____ Membership No. _____

Owner's Address: _____

Name of Agent : _____

Agent's Address: _____

Street Address City Prov Postal Code

I CERTIFY that I am the registered owner (s) of the dog or that I am the authorized agent of the actual owner (s) whose name I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I 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.

Signature of Owner/Agent

Phone #

e-mail address