



OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM CONFORMATION NANAIMO KENNEL CLUB <i>June 16-19, 2016</i>	OFFICE USE	
CONFORMATION _____ Thursday _____ Friday _____ Saturday _____ Sunday <i>PLEASE TYPE OR PRINT CLEARLY</i>			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:			
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> BABY PUPPY <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> VETERANS (SUNDAY ONLY) <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> ALTERED <input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY <input type="checkbox"/> PREPAID CATALOGUE		<u>JUVENILE SWEEPS - SATURDAY</u> <input type="checkbox"/> 6 - 9 Months <input type="checkbox"/> 9 - 12 Months <input type="checkbox"/> 12-18 Months <u>VETERAN SWEEPS - SUNDAY</u> <input type="checkbox"/> 7 - 10 Years <input type="checkbox"/> 10+ Years	
REG'D. NAME OF DOG			
CHECK ONE & ENTER NUMBER BELOW: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO.		DATE OF BIRTH _____ / _____ / _____ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)		CKC MEMBERSHIP #	
OWNER'S ADDRESS			
CITY		PROV./STATE	POSTAL CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW			
AGENT'S ADDRESS			
CITY		PROV./STATE	POSTAL CODE
<u>IDs will not be mailed - please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____			EXPIRY _____ / _____
CARDHOLDER NAME (PLEASE PRINT) _____			
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.			
SIGNATURE OF OWNER OR AGENT _____		TELEPHONE NUMBER: _____	
E-MAIL ADDRESS: _____			

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CONFORMATION LIMITED BREEDS - GROUPS 3 & 7 ONLY Saturday - show #2 <i>PLEASE TYPE OR PRINT CLEARLY</i>			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:			
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR		<input type="checkbox"/> OPEN <input type="checkbox"/> SPECIALS ONLY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> BABY PUPPY	
REG'D. NAME OF DOG			
CHECK ONE & ENTER NUMBER BELOW: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> CKC CCN NO.		DATE OF BIRTH _____ / _____ / _____ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)		CKC MEMBERSHIP #	
OWNER'S ADDRESS			
CITY		PROV./STATE	POSTAL CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW			
AGENT'S ADDRESS			
CITY		PROV./STATE	POSTAL CODE
<u>IDs will not be mailed - please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____			EXPIRY _____ / _____
CARDHOLDER NAME (PLEASE PRINT) _____			
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.			
SIGNATURE OF OWNER OR AGENT _____		TELEPHONE NUMBER: _____	
E-MAIL ADDRESS: _____			

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE NANAIMO KENNEL CLUB <i>June 16-19, 2016</i>	OFFICE USE
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OBEDIENCE TRIALS	
<input type="checkbox"/> Saturday #1 <input type="checkbox"/> Saturday #2	<input type="checkbox"/> Sunday #3 <input type="checkbox"/> Sunday #4
PLEASE TYPE OR PRINT CLEARLY	

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> OPEN A <input type="checkbox"/> OPEN B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B	<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> JUMP HEIGHT	<input type="checkbox"/> EXHIBITION ONLY OBED <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> BRACE <input type="checkbox"/> TEAM <input type="checkbox"/> PREPAID CATALOGUE

REG'D. NAME OF DOG

CHECK ONE & ENTER NUMBER BELOW: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC CCN NO.	DATE OF BIRTH ____ / ____ / ____ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
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BREEDER(S)

SIRE

DAM

REG'D OWNER(S)	CKC MEMBERSHIP #
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OWNER'S ADDRESS		
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CITY	PROV./STATE	POSTAL CODE
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NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW
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AGENT'S ADDRESS		
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CITY	PROV./STATE	POSTAL CODE
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IDs will not be mailed – please supply email address below for entry confirmation

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	CARD NO. _____ EXPIRY ____/____/____ CARDHOLDER NAME (PLEASE PRINT) _____
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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.

SIGNATURE OF OWNER OR AGENT	TELEPHONE NUMBER: _____
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E-MAIL ADDRESS:	TELEPHONE NUMBER: _____
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OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM RALLY OBEDIENCE NANAIMO KENNEL CLUB <i>June 16-19, 2016</i>	OFFICE USE
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RALLY OBEDIENCE TRIALS	
<input type="checkbox"/> Saturday #1 <input type="checkbox"/> Saturday #2	<input type="checkbox"/> Sunday #3 <input type="checkbox"/> Sunday #4
PLEASE TYPE OR PRINT CLEARLY	

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> NOVICE A (R.N.) <input type="checkbox"/> NOVICE B (R.N.) <input type="checkbox"/> INTERMEDIATE (R.I.)	<input type="checkbox"/> ADVANCED "A" (R.A.) <input type="checkbox"/> ADVANCED "B" (R..A.) <input type="checkbox"/> EXCELLENT "A" (R.E.) <input type="checkbox"/> EXCELLENT "B"(R.E.)	<input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> BRACE <input type="checkbox"/> TEAM <input type="checkbox"/> PREPAID CATALOGUE

REG'D. NAME OF DOG

CHECK ONE & ENTER NUMBER BELOW: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC CCN NO.	DATE OF BIRTH ____ / ____ / ____ Day Month Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
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BREEDER(S)

SIRE

DAM

REG'D OWNER(S)	CKC MEMBERSHIP #
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OWNER'S ADDRESS		
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CITY	PROV./STATE	POSTAL CODE
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NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW
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AGENT'S ADDRESS		
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CITY	PROV./STATE	POSTAL CODE
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IDs will not be mailed – please supply email address below for entry confirmation

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	CARD NO. _____ EXPIRY ____/____/____ CARDHOLDER NAME (PLEASE PRINT) _____
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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.

SIGNATURE OF OWNER OR AGENT	TELEPHONE NUMBER: _____
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E-MAIL ADDRESS:	TELEPHONE NUMBER: _____
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