

	Official Canadian Kennel Club Entry Form DARTMOUTH KENNEL CLUB	
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<input type="checkbox"/> Show 1 (Sat/BP)	Baby Puppy Fee ___ x \$20.00 = _____	
<input type="checkbox"/> Show 2 (Sat/Alt)	Entry fees: ___ x \$31.00 = _____	
<input type="checkbox"/> Show 3 (Sun/BP)	TCN Fees: ___ x \$11.50 = _____	
<input type="checkbox"/> Show 4 (Sun/Alt)	Exhibition Only: ___ x \$ 8.00 = _____	
<input type="checkbox"/> Catalog (Pre-Order Only)	Catalog: ___ x \$ 8.00 = _____	
	Total: _____	

Please Print or type CLEARLY

Enter in one only of the following classes

CONFORMATION	
<input type="checkbox"/> Baby Puppy 4-6 mth <input type="checkbox"/> Junior Puppy 6-9 mth <input type="checkbox"/> Senior Puppy 9-12 mth <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"/> Altered <input type="checkbox"/> Exhibition Only

BREED	VARIETY	SEX
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REGISTERED NAME OF DOG & CALL NAME

Check one & enter Reg # here ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ CKC TCN # _____	Date Of Birth _____ Day Month Year	Is this a puppy? YES ___ NO ___
Place Of Birth ___ Canada ___ Elsewhere		

BREEDER(S)

SIRE

DAM

REG. OWNER

REG. OWNER

OWNER ADDRESS

CITY	PROV	POST CODE
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AGENT NAME

AGENT ADDRESS

CITY	PROV	POST CODE
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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	Phone Number	Email
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