



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Conformation Show: Interior Cavalier King Charles Spaniel Club



_____ Saturday Sept 4, 2021
_____ Monday Sept 6, 2021

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

Comp 56 Site 11RR 2 Sexsmith Alberta T0H 3C0

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 | | | | |
| <input type="checkbox"/> 4-6 Month | <input type="checkbox"/> 6 to 9 Months | <input type="checkbox"/> 9 to 12 Months | <input type="checkbox"/> 12 to 15 Months | <input type="checkbox"/> 15 to 18 Months |
| <input type="checkbox"/> 7 to 9 Years | <input type="checkbox"/> 9 to 11 Years | <input type="checkbox"/> 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: _____