
 <p>Official Canadian Kennel Club Entry Form</p> <p>New Brunswick Kennel Club 16th ~ 18th August 2024</p>	<p>Administrative use only</p>	
<p>[] Show #1 [] Show #2 [] Show #3 [] Show #4</p> <p>Regular Entry Fee _____ x \$32.00 = _____ Exhibition Only _____ x \$10.00 _____</p> <p>Baby Puppy/Veteran _____ x \$15.00 = _____ Catalogue _____ x \$10.00 _____</p> <p>TCN Fees _____ x \$11.50 = _____ TOTAL ENCL \$ _____</p> <p>Trailer/RV/Tent (Required Form & Funds Enclosed – See Premium List) \$ _____</p> <p style="text-align: center; color: red;">Make Cheques Payable To ~ NEW BRUNSWICK KENNEL CLUB</p>		
<p>Please Print or type CLEARLY</p>		
<p>Enter one only of the following Regular Classes Non-Regular Classes</p> <p>[] Jr Puppy [] Bred by Exhibitor [] 4-6 month (Baby Puppy)</p> <p>[] Sr Puppy [] Open [] Veterans</p> <p>[] 12-18 Month [] Specials</p> <p>[] Canadian Bred [] Exhibition Only</p>		
BREED	VARIETY	SEX
NAME OF DOG		
<p>Check one & enter Reg # here</p> <p>____ CKC Reg #</p> <p>____ CKC ERN #</p> <p>____ CKC MSC # _____</p> <p>____ TCN</p>	<p>Date Of Birth</p> <p>____ Day ____ Month ____ Year</p>	<p>Is this a puppy?</p> <p>YES ___ NO ___</p>
Place Of Birth ____ Canada ____ Elsewhere		
BREEDER		
SIRE		
DAM		
REG. OWNER		
OWNER ADDRESS		
CITY	PROV	POST CODE
AGENT NAME		
AGENT ADDRESS		
CITY	PROV	POST CODE
Mail ID to: ____ OWNER or ____ AGENT		
<p>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 Federation of Canada 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.</p>		
Signature of agent or owner _____		Phone Number _____
Email: _____		

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