OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE LIST



## WEST KOOTENAY KENNEL CLUB

August 18, 19 & 20, 2017

OF	H	CE	: U	SI

	•	•			
I enclose \$ Er	Entry Fees \$		Listing Fees \$		
August 18, 2017Show 1 /Show 2	August 19	.2017 / Augu	st 20.2017		
		VARIETY	MALE FEMALE		
Senior Puppy 12-18 Months	Bred By Exhibit Open Specials Only Exhibition Only	or Pre Baby Vetera Juv	epaid Catalogue puppy Aug. 18 #1&19 ans Aug. 18 #2 &20 enile Sweepstakes erans Sweepstakes		
REG. NAME OF DOG					
CHECK ONE – AND - ENTER NUMBER BELOW	DATE	OF BIRTH	ON SHOW DATE IS THIS A PUPPY?		
CKC REG. NO CKC ERN NO.	,	,	YESNO		
CKC PEN NO. LISTED	Month	Day Year			
NUMBER:			E OF BIRTH ELSEWHERE		
DAM  REG'D OWNER(S)					
OWNER'S ADDRESS					
CITY NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW		PROV./STATE	POSTAL CODE		
AGENT'S ADDRESS					
CITY		PROV./STATE	POSTAL CODE		
IDs will not be mailed – please sup	ply email addre	ess below for ent	try confirmation		
VISA MASTERCARD					
CARD NO		EXI	PIRY/		
CARDHOLDER NAME (PLEASE PRINT)					
I CERTIFY that I am the registered owner(s) of the chave entered above and accept full responsibility for this entry, I (we) agree to be bound by the rules and and regulations appearing in the premium list.	all statements made i	n this entry. In consider	ration of the acceptance of		
SIGNATURE OF OWNER OR AGENT			Telephone number		
E-MAIL:					

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## August 18, 19 & 20, 2017

I enclose \$	E	ntry Fees \$		_ Listing Fee	s \$			
August 18, 2017 Show 1/ Sho	ow 2	August 19	,2017	// Augus	t 20,2017			
BREED			VAR	ETY	MALE FEMALE			
Senior Puppy Specials Only		Juver	Prepaid Catalogue Juvenile Sweepstakes Veterans Sweepstakes					
REG. NAME OF DOG								
CHECK ONE – AND - ENTER NUMBER BE  CKC REG. NO. CKC BISC. CERT. NO.	DATE OF BIRTH			ON SHOW DATE IS THIS A PUPPY?				
CKC PEN NO. LISTED	)	Month	Day	Year				
NUMBER:				PLACE CANADA	OF BIRTH ELSEWHERE			
BREEDER(S)								
SIRE								
DAM								
REG'D OWNER(S)								
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			
IDs will not be mailed - pleas	e supp	oly email addre	ess b	elow for entr	y confirmation			
VISAMASTERCAR	D _	_ AMERICAN EXPR	ESS					
CARD NO.	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	SIGNATURE OF OWNER OR AGENT				elephone number			
E-MAIL:								