



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Conformation Show: Cavalier King Charles Spaniel Club of Canada**  
**NATIONAL**  
**SATURDAY AUGUST 31, 2019**

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

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 877-993-6879

Entry Fees \$\_\_\_\_\_ Listing Fees \$\_\_\_\_\_ Catalogue \$\_\_\_\_\_ P/F \$\_\_\_\_\_ Total \$\_\_\_\_\_

Breed: **Cavalier King Charles Spaniel** Color\_\_\_\_\_ Sex \_\_\_\_\_

<b>Enter in the following Regular and Non-regular classes</b>		
<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 +		

<b>Enter in the following Sweepstakes Classes</b>				
<input type="checkbox"/> 3-6 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. [ ]

LISTED (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: \_\_\_\_\_

OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM  
OBEDIENCE & RALLY OBEDIENCE  
CAVALIER KING CHARLES SPANIEL CLUB OF CANADA



OFFICE USE

SATURDAY AUGUST 31, 2019

**Rally Obedience**

\_\_\_\_\_ Saturday Trial 1

\_\_\_\_\_ Entry Fee (\$30.00 per trial)

\_\_\_\_\_ Listing Fee (\$10.50 per trial)

\_\_\_\_\_ Prepaid Catalogue \$12.00 each)

\_\_\_\_\_ Total

**OBEDIENCE**

\_\_\_\_\_ Saturday Trial 1

PLEASE TYPE OR PRINT CLEARLY

**BREED: CAVALIER KING CHARLES SPANIEL****VARIETY**
 MALE  
 FEMALE
ENTER IN THE FOLLOWING CLASSES: **RALLY OBEDIENCE**ENTER IN THE FOLLOWING CLASSES: **OBEDIENCE**
 NOVICE A (R.N.)  
 NOVICE B (R.N.)  
 INTERMEDIATE  
 ADVANCED "A" (R.A.)  
 ADVANCED "B" (R.A.)  
 EXCELLENT "A" (R.E.)  
 EXCELLENT "B" (R.E.)

 MASTERS  
 EXHIBITION ONLY (RALLY)  
 EXHIBITION ONLY (3-6 Mo.)  
**JUMP HEIGHT**  
 Under 10" (6"/12")  
 10" and under 15" (8"/16")  
 15" and under 20" (12"/24")  
 20" and over (16"/32")

 NOVICE A  
 NOVICE B  
 OPEN HA  
 OPEN 18A  
 OPEN HB  
 OPEN 18B  
 UTILITY A  
 UTILITY B

 PRE-NOVICE  
 NOVICE C  
 NOVICE INTERMED  
 VETERAN  
**JUMP HEIGHT** \_\_\_\_\_  
**JUMP WIDTH** \_\_\_\_\_  
 EXHIBITION ONLY OBED  
     Exhibition Only (3-6)m
**REG'D. NAME OF DOG****CHECK ONE & ENTER NUMBER BELOW:**
 CKC REG. NO.  
 CKC MISC. CERT. NO.  
 CKC PEN NO.

 CKC ERN NO.  
 LISTED  
 CKC CCN NO.
**DATE OF BIRTH**
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Day      Month      Year

**ON SHOW DATE IS THIS A PUPPY?**
 YES     NO
**NUMBER:**
**PLACE OF BIRTH**  
 CANADA     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****Mail to Owner** \_\_\_\_\_ **or Agent** \_\_\_\_\_
 VISA     MASTERCARD     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 \_\_\_\_\_

**E-MAIL ADDRESS:**

TELEPHONE NUMBER \_\_\_\_\_



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Conformation Show: Interior Cavalier King Charles Spaniel Club**  
**REGIONAL**  
**FRIDAY, AUGUST 30, 2019**



Show Secretary: Arcticdreams Show Services Phone: 780-814-366

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 877-993-6879

Entry Fees \$\_\_\_\_\_ Listing 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"/> 3-6 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.

LISTED (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: \_\_\_\_\_



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Conformation Show: Cavalier King Charles Spaniel Club Of BC**  
**REGIONAL**



**SUNDAY, SEPTEMBER 1, 2019**

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

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 877-993-6879

Entry Fees \$\_\_\_\_\_ Listing 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"/> Parade of Titleholders  |
| <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"/> 3-6 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.

LISTED (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

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Visa  MasterCard  Amex

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: (Print) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_