

 <p>Official Canadian Kennel Club Entry Form</p> <p>TANTRAMAR KENNEL CLUB</p>	Administrative use only
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<input type="checkbox"/> Show 1	Entry fees: _____ x \$27.00 = _____
<input type="checkbox"/> Show 2	Enter all 4 shows _____ x \$100.00 = _____
<input type="checkbox"/> Show 3	Baby Puppy _____ x \$15.00 = _____
<input type="checkbox"/> Show 4	Listing Fees: _____ x \$11.50 = _____
	Ex. Only: _____ x \$ 7.00 = _____
<input type="checkbox"/> Catalog	Catalog: _____ x \$ 6.00 = _____
	Total: _____

Please Print or type CLEARLY

Enter in one only of the following classes

<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Altered (show 2 & 4 only)
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Canadian Bred		

BREED	VARIETY	SEX
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NAME OF DOG

Check one & enter Reg # here	Date Of Birth	Is this a puppy?
<input type="checkbox"/> CKC Reg # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> Listed	_____ Day Month Year	YES ___ NO ___
	Place Of Birth ___ Canada ___ Elsewhere	

BREEDER

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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