



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

YUKON KENNEL CLUB

Mail Entries to: Arcticdreams Show Services  
Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0

Make cheques payable to: YUKON KENNEL CLUB

Entries Close Wednesday 10:00 p.m., May 29, 2019 PDT or when limit is reached



Entry Fees \$ \_\_\_\_\_ + Listing Fees \$ \_\_\_\_\_ + Pre-paid Catalogue \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

PLEASE PRINT OR TYPE CLEARLY

<b>Conformation</b> Friday Show 1____ / Show 2____ Saturday Show 3____ / Show 4____ Sunday Show 5____ / Show 6____	<b>Obedience</b> Trail 1____ / Trial 2____ Saturday Trail 3____ / Trial 4____ Sunday	<b>Rally Obedience</b> Trail 1____ / Trial 2____ Friday Trail 3____ / Trial 4____ Saturday
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Enter in the Following Classes

Conformation Classes		Obedience Classes			Rally Classes	
____ Baby Puppy	____ Bred By Exhibitor	____ Pre-Novice	____ Open HA	____ Novice A	____ Excellent A	
____ Junior Puppy	____ Open	____ Novice A	____ Open HB	____ Novice B	____ Excellent B	
____ Senior Puppy	____ Specials	____ Novice B	____ Open 18A	____ Intermediate	____ Masters	
____ 12 - 18 Month	____ Veterans	____ Novice C	____ Open 18B	____ Advanced A		
____ Canadian Bred	____ Altered	____ InterNovice	____ Utility A	____ Advanced B		
			____ Utility B			

____ Exhibition Only	____ Exhibition Only (3-6 Month)	<b>JUMP HEIGHT</b>
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<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reg. Name of Dog (CKC Titles ONLY please)

<b>Check one &amp; Enter CKC Number:</b> <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <b>NUMBER:</b>	<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.)	<b>DOB</b> ____/____/____ Day Month Year	<b>On the show Date is this a PUPPY?</b> ____ YES ____ NO
		<b>PLACE OF BIRTH</b> <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	

BREEDER(S)

SIRE

DAM

REG. OWNER(S)

OWNER(S) ADDRESS

CITY: PROV./STATE: POSTAL CODE:

Telephone Number CKC Membership #

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY: PROV./STATE: POSTAL CODE:

IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION

Email Address to send confirmation to

\_\_\_\_ VISA    \_\_\_\_ MASTERCARD    \_\_\_\_ AMEX  
 Card No. \_\_\_\_\_ EXPIRY \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CARDHOLDERS NAME (PLEASE PRINT) \_\_\_\_\_

AUTHORIZATION & GENERAL AGREEMENT

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list. I will allow a photograph of my dog or myself on the AKC Website.

Signature of Owner, Agent, Handler: X \_\_\_\_\_ Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of parent/guardian is required for children under 18 years