



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
BATTLE RIVER CANINE ASSOCIATION**



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

Make cheques payable to: **Battle River Canine Association**
Show dates: Entries Close Wednesday, October 9, 2019 @ 11:00 PM.

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

PLEASE PRINT OR TYPE CLEARLY

<u>Conformation</u> _____ Friday _____ Saturday _____ Sunday	<u>Obedience</u> _____ Friday _____ Saturday _____ Sunday	<u>Rally Obedience</u> _____ Friday _____ Saturday _____ Sunday
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Enter in the Following Classes

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

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

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

Signature of Owner, Agent, Handler: X _____ **Date:** _____

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