

Office Use	 Official Canadian Kennel Club Entry Form Golden Retriever Club of Alberta Regional Specialty – July 15, 2017		Office Use
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Entry Fees	Listing Fees	Miscellaneous	Total
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PLEASE TYPE OR PRINT CLEARLY

RETRIEVER (GOLDEN)	Variety	<input type="checkbox"/> Male <input type="checkbox"/> Female
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ENTER IN THE FOLLOWING CLASSES

CONFORMATION	
<input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> 12 - 15 MONTH <input type="checkbox"/> 15 - 18 MONTH <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN <input type="checkbox"/> FIELD <input type="checkbox"/> VETERAN (7 - 10 YEARS) <input type="checkbox"/> VETERAN (10+ YEARS) <input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> STUD DOG & GET <input type="checkbox"/> BROOD BITCH & PROGENY <input type="checkbox"/> BABY PUPPY <input type="checkbox"/> BRACE <input type="checkbox"/> GUN DOG <input type="checkbox"/> GENERATION <input type="checkbox"/> EXHIBITION <input type="checkbox"/> EXHIBITION (3 - 6 MONTH) <input type="checkbox"/> PARADE OF VETERANS

REGISTERED NAME OF DOG

<p style="text-align: center; font-weight: bold; font-size: small;">Check One</p> <input type="checkbox"/> CKC Registration # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC Miscellaneous # <input type="checkbox"/> Listed <small>Number</small>	<p style="text-align: center; font-weight: bold; font-size: small;">Date of Birth</p> <small>DD / MM / YY</small>	<p style="text-align: center; font-weight: bold; font-size: small;">Place of Birth</p> <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	<p style="text-align: center; font-weight: bold; font-size: small;">Is this a Puppy?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Breeder(s)

Sire

Dam

Registered Owner(s)

Owner Address
City, Prov/State, Postal/Zip Code

Agent/Handler (if any)

Agent/Handler Address
City, Prov/State, Postal/Zip Code

ID's will not be mailed – Please supply email address below for entry confirmation
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<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express

Card Number	Expiry Date MM / YY
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Card Holder 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

eMail	Telephone
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