



# OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

## Conformation Show: **BTCC National Specialty & BTCC Regional**

Show Secretary: Judith Tullock 15 Albion Road Halifax NS B3P 1P8

902-477-0922 / [Ayrhill@ns.sympatico.ca](mailto:Ayrhill@ns.sympatico.ca)

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

Breed: Boston Terrier Sex \_\_\_\_\_ Size \_\_\_\_\_

Enter in the following classes)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Veterans          | <input type="checkbox"/> Brace           |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Open under 15     |  |
| <input type="checkbox"/> 12 to 18 mths     | <input type="checkbox"/> Open 15-20        | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Open20-25         |  |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Stud Dog and Get  |  |
|  | <input type="checkbox"/> Bitch and Progeny |  |
| <input type="checkbox"/> Specials Only     | <input type="checkbox"/> Baby Puppy        |  |

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: \_\_\_\_\_



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

Breed: Boston Terrier Sex \_\_\_\_\_ Size \_\_\_\_\_

Enter in the following classes)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Baby Puppy        | <input type="checkbox"/> Open under 15     |  |
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Open 15-20        |  |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Open 20-25        |  |
| <input type="checkbox"/> 12 to 18 mths     | <input type="checkbox"/> Veterans Male     | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Stud Dog and Get  |  |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Bitch and Progeny |  |
| <input type="checkbox"/> Specials Only     | <input type="checkbox"/> Brace             |  |

Reg. Name of Dog \_\_\_\_\_

Please Check one and enter number here \_\_\_\_\_

- CKC Reg. No.
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Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

Owner's

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Owner's Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

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