

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Elsie Murray Canine Center Society NOVEMBER 12 & 13, 2017	OFFICE USE	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ Nov.12, 2017 / Nov.13,2017			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> <i>Prepaid Catalogue</i> <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Specials Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only			
REG. NAME OF DOG			
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month Day Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
OWNER'S ADDRESS			
CITY	PROV./STATE	POSTAL CODE	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW			
AGENT'S ADDRESS			
CITY	PROV./STATE	POSTAL CODE	
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____		EXPIRY _____ / _____	
CARDHOLDER 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 _____		Telephone number _____	
E-MAIL: _____			

OFFICE USE	OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM LADIES' KENNEL CLUB OF B.C. NOVEMBER 10 & 11, 2017	OFFICE USE	
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____ Nov. 10, 2017 / Nov. 11,2017			
BREED		VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Specials Only <input type="checkbox"/> <i>Prepaid Catalogue</i> <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Exhibition Only <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open			
REG. NAME OF DOG			
CHECK ONE – AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC PEN NO.		DATE OF BIRTH _____ / _____ / _____ Month Day Year	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE		
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
OWNER'S ADDRESS			
CITY	PROV./STATE	POSTAL CODE	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW			
AGENT'S ADDRESS			
CITY	PROV./STATE	POSTAL CODE	
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
CARD NO. _____		EXPIRY _____ / _____	
CARDHOLDER 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 _____		Telephone number _____	
E-MAIL: _____			