Official Canadian Ke	Administrative use only					
Island Dog Club	28 & 29 Oct 20	023				
[] Show 1 REGULAR & ALTERED Entry fees: x \$30.00 =						
	Baby Puppy & Veteran: x \$20.00 =					
	TCN Fees: x \$11.50 = Ex. Only: x \$10.00 =					
	Catalog:x \$10.00 =					
Total:	Total:					
Please Print or type CLEARLY						
Enter in one only of the following classes CONFORMATION						
[] Baby Puppy [
[] Junior Puppy []	[] Open					
[] 12-18 Month [] Ex. Only						
[] Canadian Bred						
BREED	v	/ARIETY	SEX			
NAME OF DOG						
Check one & enter Reg # here CKC Reg # CKC ERN # CKC MSC #	Date Of	f Birth Month Year	Place Of Birth Canada Elsewhere			
TCN	Buy	Worth Tear	Elsewhere			
BREEDER						
SIRE						
DAM						
REG. OWNER						
OWNER ADDRESS						
CITY	PROV	POST CODE				
AGENT NAME						
AGENT ADDRESS						
CITY	PROV	POST CODE				
Mail ID to: OWNER or AGENT						
I CERTIFY that I am the registered owner(s) of this 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. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.						
Signature of agent or owner		Phone Numb	er			
Fmail:						

Official Canadian	Administrative use only					
Island Dog Clu	28 & 29	Oct	2023			
Sland Dog Club 28 & 29 Oct 2023 Show 1						
[] Baby Puppy [] Junior Puppy [] Senior Puppy [] 12-18 Month [] Canadian Bred	[] Bred By Exercise [] Open [] Specials C [] Ex. Only		[] Altered [.] Veteran			
BREED			VARIETY	SEX		
Check one & enter Reg # here CKC Reg # CKC ERN # CKC BRN # TCN		Date Of Birth Day Month Year		Place Of Birth Canada Elsewhere		
BREEDER						
SIRE						
DAM						
REG. OWNER						
OWNER ADDRESS						
CITY	PROV		POST CODE			
AGENT NAME						
AGENT ADDRESS						
CITY	PROV		POST CODE			
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Signature of agent or owner Phone Number Email:						