



CANADIAN KENNEL CLUB ENTRY FORM

KEESHOND CLUB OF B.C. CONFORMATION SPECIALTY

ALL ENTRIES MUST BE RECEIVED BY

12:00 MIDNIGHT ON Wednesday September 21, 2016

All fees are payable to BC Dog Show Services Ltd.

Deliver to 151-10090 152nd Street Box 504, Surrey, BC, Canada V3R 8X8

Dog Information

Registered Name of Dog \_\_\_\_\_

Breed: Keeshond

Male  Female

CKC Registration #

CKC ERN #

Listed (No REG, ERN)

Insert Number Here: \_\_\_\_\_  
or "Listed"

Place of Birth Canada  Elsewhere

Date of Birth dd mm yy \_\_\_\_\_

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

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

Owner(s) & Agent Information Confirmation to Owner  Agent

Registered Owner: \_\_\_\_\_ CKC Membership # \_\_\_\_\_

Registered Co owner: \_\_\_\_\_ CKC Membership # \_\_\_\_\_

Registered Co owner(s): \_\_\_\_\_ CKC Membership # \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

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

Agents Email: \_\_\_\_\_

REGULAR CLASSES

- Junior Puppy
- Senior Puppy
- 12 to 18 months
- Canadian bred
- Bred by Exh.
- Open
- Veterans 7-10 yrs
- Veterans 10 yrs +
- Specials Only
- Altered
- Exhibition Only

NON REGULAR CLASSES

- Brace
- Stud Dog
- Brood Bitch

SWEEPSTAKES CLASSES

- Juvenile: 6 to 9 months
- Juvenile: 9 to 12 months
- Juvenile: 12 to 18 months
- Veteran: 7 to 10 years
- Veteran: 10 years plus
- Altered: 10 years plus

FEEES ARE LISTED ON PAGE 5  
FAX NUMBER IS 1-778-395-7404



Payment by VISA  MASTERCARD  CHEQUE  MONEY ORDER

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

FEES: ENTRY \$ \_\_\_\_\_ LISTED \$ \_\_\_\_\_ Catalogue \$ \_\_\_\_\_ Total Attached \$ \_\_\_\_\_

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose names I have entered above and accept full responsibility for all statement 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 in the premium list. I have read and agree with the terms of the waiver posted in the premium list. This entry must be completed in full and signed for acceptance.

Signature of Owner or Agent \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

CLOSING DATE IS MIDNIGHT WEDNESDAY September 21, 2016