

ALASKAN MALAMUTE NATIONAL SPECIALTY
SEPT 2, 2022

Administrative use only

Mail entries to Alaskan Malamute Club of Canada
c/o June Hodgins, 12 Oakwood Ave, Dartmouth, NS, B2W 3C7

Entry fees: ___ x \$31.00 = _____
 Baby Puppy(no listing fee) Entry fees: ___ x \$20.00 = _____
 Non Regular Class fees: ___ x \$20.00 = _____
 Sweepstakes: ___ x \$18.00 = _____
 TC Fees: ___ x \$11.50 = _____
 Ex. Only: ___ x \$ 8.00 = _____
 Catalogue: ___ x \$10.00 = _____
 Total: _____

Please Print or type CLEARLY

Enter in one only of the following classes		SWEEPSTAKES	
CONFORMATION			
<input type="checkbox"/> 4-6 Month Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Altered	<input type="checkbox"/> Junior Puppy
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor		<input type="checkbox"/> Senior Puppy
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open		<input type="checkbox"/> 12-18 Months
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only		<input type="checkbox"/> Veterans 7 & over
<input type="checkbox"/> Exhibition Only			

BREED	VARIETY	SEX
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NAME OF DOG		Date Of Birth	Is this a puppy?
Check one & enter Reg # here <input type="checkbox"/> CKC Reg # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC MSC # _____ <input type="checkbox"/> CKC TCN # _____	Day	Month	Year
	Place Of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere		
YES ___ NO ___			

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 Number

Email: _____

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