



OFFICIAL ENTRY FORM CONFORMATION
Calgary Kennel & Obedience Club – May 2024
 FRIDAY SATURDAY SUNDAY

I ENCLOSE _____ FOR ENTRY FEES _____ FOR LISTING FEES _____
 Please type or print clearly Catalogue \$15.00

Breed	Variety	Sex
Enter in the following OFFICIAL events: UNOFFICIAL EVENT <u>Sweepstakes THURSDAY</u>		
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> BABY Puppy
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> VETERAN
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only	<input type="checkbox"/> BRACE
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> ALTERED
		<input type="checkbox"/> 4 – 6 months
		<input type="checkbox"/> 6 – 9 months
		<input type="checkbox"/> 9-12 months
		<input type="checkbox"/> 12 – 18 months
		<input type="checkbox"/> Veteran Sweeps 7-10rs
		<input type="checkbox"/> Veteran Sweeps 10+ yrs

Reg'd Name _____
 of Dog _____

Check One - and - Enter Number here | Date of Birth | Is this a Puppy?
 CKC Reg. | D M Y | YES NO
 CKC ERN No.
 CKC Misc. Cert. No. Place of Birth
 TCN No. Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ | Prov. _____ | Postal Code _____

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City _____ | Prov. _____ | Postal Code _____

IDs will not be mailed – please supply email address below for entry confirmation

Visa ___ Mastercard ___ Am Express ___
 Card No. _____ Expiry ____/____
 Name of Card Holder: _____

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 _____ Please print clearly



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