


OFFICIAL CANADIAN KENNEL CLUB FORM		<i>Administrative use only</i>						
Name of Club: _____								
<input type="checkbox"/> Pre Paid Catalogue								
Conformation								
<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____							
<input type="checkbox"/> Date _____	<input type="checkbox"/> Date _____							
<u>RALLY</u>	<u>Dates</u>	<u>Obedience</u>						
<input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2	_____	<input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2						
<input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4	_____	<input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4						
<input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6	_____	<input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6						
<input type="checkbox"/> Trial 7 <input type="checkbox"/> Trial 8	_____	<input type="checkbox"/> Trial 7 <input type="checkbox"/> Trial 8						
Please Make ALL Cheques For Payable to Club Entering								
Please Print or Type CLEARLY		TOTAL FEES FOR THIS ENTRY						
<u>Conformation</u> <input type="checkbox"/> Jr. Puppy (6 – 9 mth) <input type="checkbox"/> Open <input type="checkbox"/> Sr. Puppy (9 – 12 mth) <input type="checkbox"/> Specials Only <input type="checkbox"/> 12 – 18 month <input type="checkbox"/> Exhibition <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor	<u>RALLY</u> (Limited Entry) <input type="checkbox"/> Novice A <input type="checkbox"/> Novice B <input type="checkbox"/> Advanced A <input type="checkbox"/> Advanced B <input type="checkbox"/> Excellent A <input type="checkbox"/> Excellent B	<u>Obedience</u> (Limited Entry) <input type="checkbox"/> PRE - Novice <input type="checkbox"/> INTERMEDIATE Novice <input type="checkbox"/> Novice A <input type="checkbox"/> Open A <input type="checkbox"/> Novice B <input type="checkbox"/> Open B <input type="checkbox"/> Utility <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">Jump Heights</td> <td style="text-align:center;">Height</td> <td style="text-align:center;">Width</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Jump Heights	Height	Width			
Jump Heights	Height	Width						
BREED _____		SEX: <input type="checkbox"/> MALE OR <input type="checkbox"/> FEMALE						
REGISTERED NAME OF DOG								
Check One & Enter Number Here <input type="checkbox"/> CKC Reg # <input type="checkbox"/> CKC PEN # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC Misc Cert.# <input type="checkbox"/> LISTED	<u>Date Of Birth:</u> Please Circle Month Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Day _____ Year _____.	IS THIS A PUPPY? <input type="checkbox"/> Yes or <input type="checkbox"/> No PLACE OF BIRTH? <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere						
BREEDER(S)								
SIRE								
DAM								
REGISTERED OWNER(S)								
OWNER'S ADDRESS								
CITY	PROV/STATE	POSTAL CODE/ZIP						
NAME OF OWNERS AGENT (IF ANY) AT THE SHOW								
AGENT'S ADDRESS								
CITY	PROV/STATE	POSTAL CODE/ZIP						
Mail ID to: <input type="checkbox"/> OWNER Or <input type="checkbox"/> AGENT								
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 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 _____						
a 15% + GST, charge applies on Credit Card Charges		Email address _____						
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		Expiry Date: Month > _____ Year > _____						
Card Number: _____ -- _____ -- _____ -- _____								
Name of Card Holder: _____								
Fax # 519-351-3223	Mail To: COLMAR Show Service, In Canada: 340 Mercer St, Chatham, ON. Canada N7M 6E1	In USA: PO Box 142, Marine City, MI. USA 48039-0142						
	Web Site: www.colmars.com							