



CANADIAN KENNEL CLUB

CLUB CANIN CANADIEN

200 RONSON DRIVE, SUITE 400, ETOBICOKE, ONTARIO M9W 5Z9 TEL: (416) 675-5511 FAX: (416) 675-6506 WEB SITE: www.ckc.ca

VERIFICATION OF MATCH/SWEEPSTAKES JUDGING ASSIGNMENT

SECTION 1 (To be completed by applicant)

Name

Membership No.

Mailing Address

City

Province

Postal Code

SECTION 2 (To be completed by the event-holding club)

Name of Club:

Date of Event:

Type of Event: MATCH: [ ] All-Breed [ ] Specialty SWEEPSTAKES: [ ] All-Breed [ ] Specialty

ASSIGNMENT (Please indicate below the number of dogs in each group that the applicant judged)

All Breeds in Group 1 & Group \_\_\_\_\_ All Breeds in Group 6 & Group \_\_\_\_\_
All Breeds in Group 2 & Group \_\_\_\_\_ All Breeds in Group 7 & Group \_\_\_\_\_
All Breeds in Group 3 & Group \_\_\_\_\_ Best in Match \_\_\_\_\_
All Breeds in Group 4 & Group \_\_\_\_\_ Best Puppy in Match \_\_\_\_\_
All Breeds in Group 5 & Group \_\_\_\_\_

TOTAL NUMBER OF DOGS JUDGED: [ ]

ADDITIONAL COMMENTS

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature of Applicant

Date

Signature of Event Secretary

Date



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VERIFICATION OF RING STEWARDING ASSIGNMENT

SECTION 1 (To be completed by applicant)

Form with fields for Name, Membership No., Mailing Address, City, Province, and Postal Code.

SECTION 2 (To be completed by the event-holding club)

Form with fields for Name of Club, Date of Event, and Type of Event (All-Breed or Specialty).

ASSIGNMENT (Please indicate the breeds and/or groups in the assignment)

Form for 1st Show assignment with fields for Name of Judge, Signature of Judge, Date, and Duration.

Form for 2nd Show assignment with fields for Name of Judge, Signature of Judge, Date, and Duration.

Form for 3rd Show assignment with fields for Name of Judge, Signature of Judge, Date, and Duration.

Form for 4th Show assignment with fields for Name of Judge, Signature of Judge, Date, and Duration.

ADDITIONAL COMMENTS

Large empty box for additional comments.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Event Secretary \_\_\_\_\_ Date \_\_\_\_\_