

 <p>Official Canadian Kennel Club Entry Form</p> <h2 style="text-align: center;">Halifax Kennel Club</h2>	Administrative use only
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<input type="checkbox"/> Show 1 (Fri)		Entry fees: ___ x \$30.00 = _____	
<input type="checkbox"/> Show 2 (Sat)	Third Dog & up	Entry fees: ___ x \$25.00 = _____	
<input type="checkbox"/> Show 3 (Sat)	Baby Puppy	Entry fees: ___ x \$20.00 = _____	
<input type="checkbox"/> Show 4 (Sun)	Sweepstakes	Entry fees: ___ x \$15.00 = _____	
<input type="checkbox"/> Sweepstakes (Sun)		Listing Fees: ___ x \$11.50 = _____	
		Ex. Only: ___ x \$ 8.00 = _____	
<input type="checkbox"/> Catalog		Catalog: ___ x \$ 8.00 = _____	
		Total: _____	

Please Print or type CLEARLY

**Enter in one only of the following classes**

CONFORMATION		SWEEPSTAKES (Sunday)	
		Puppy	Veteran
<input type="checkbox"/> 3-6 Month Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> 6-9 months	<input type="checkbox"/> 7 up to 9 years
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> 9-12 months	<input type="checkbox"/> 9 up to 11 years
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> 12-18 months	<input type="checkbox"/> 11 years and older
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Specials Only		
	<input type="checkbox"/> Exhibition Only		

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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<b>NAME OF DOG</b>		
<b>Check one &amp; enter Reg # here</b> ___ CKC Reg # ___ CKC ERN # ___ CKC MSC # _____ ___ Listed	<b>Date Of Birth</b> _____ <small>Day Month Year</small>	Is this a puppy? YES ___ NO ___
<b>Place Of Birth</b> ___ Canada ___ Elsewhere		

<b>BREEDER</b>
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<b>SIRE</b>
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<b>DAM</b>
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<b>REG. OWNER</b>
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<b>OWNER ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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<b>AGENT NAME</b>
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<b>AGENT ADDRESS</b>
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<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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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 Federation of Canada 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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<b>BREEDER</b>
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<b>SIRE</b>
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<b>DAM</b>
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<b>OWNER ADDRESS</b>
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 Signature of agent or owner Phone Number

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

