
 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Oxford County K. C. Associated Specialties Entry Form		Entries close: June 24 th
Name of Specialty		
Date of Specialty (separate entry form each Specialty) <input type="checkbox"/> Friday, July 10, 2009 <input type="checkbox"/> Sunday, July 12, 2009 <input type="checkbox"/> Saturday, July 11, 2009		Sweepstakes Class (if offered) _____ \$10.00
Make Fees Payable to: OXFORD COUNTY KENNEL CLUB Mail to: MAUREEN BURRELL, 9397 Pike Lake Rd RR1 Harriston, Ont, N0G 1Z0		
Total \$ _____ Entry \$ _____ Non-Reg. \$ _____ Listing Fees \$ _____ Catalogue _____ <small>Please type or print clearly \$27.00 \$12.00 \$8.40 \$10.00</small>		
<input type="checkbox"/> Jr. Puppy (6 – 9 mth) <input type="checkbox"/> Open _____ <input type="checkbox"/> Brace <i>(Specialty) Obedience</i> <input type="checkbox"/> Sr. Puppy (9 – 12 mth) <input type="checkbox"/> Veterans <input type="checkbox"/> Stud Dog <input type="checkbox"/> Novice A or B <input type="checkbox"/> 12-18 months <input type="checkbox"/> Specials Only <input type="checkbox"/> Brood Bitch <input type="checkbox"/> Open A or B <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Field <input type="checkbox"/> Utility <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Altered <input type="checkbox"/> Parade <i>Jump Height</i> _____		
BREED		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
REGISTERED NAME OF DOG		
Check One & Enter Number Here <input type="checkbox"/> CKC Reg # <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC Misc.# <input type="checkbox"/> LISTED	Date Of Birth: 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. In addition, 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 OWNER or AGENT	E-MAIL ADDRESS	PHONE NUMBER

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