



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

**Dogwood Boxer Club
Specialty Conformation Show
Friday, April 2, 2010**

Entries Close: 12:00 Noon – Wednesday March 17, 2010

Show Secretary: Louise Davie
30886 Dewdney Trunk Rd., Mission BC V4S 1C4
Phone: (604) 462-1365 Fax: (604) 484-6508

Entry Fees \$ _____ Listing Fees \$ _____ Catalogue \$ _____ P/F \$ _____ Total \$ _____

Breed: Boxer Colour Fawn Brindle Sex _____

Enter in the following class (es)

<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Sweeps 6-9 Mos
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veterans	<input type="checkbox"/> Brood Matron	<input type="checkbox"/> Sweeps 9-12 Mos
<input type="checkbox"/> 12 to 18 mths	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Brace	<input type="checkbox"/> Sweeps 12-15 Mos
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Altered	<input type="checkbox"/> Sweeps 15-18 Mos
<input type="checkbox"/> Bred by Exhibitor		<input type="checkbox"/> Breeder Sweeps	<input type="checkbox"/> Veteran Sweeps

Reg. Name of Dog _____

Check one and enter number here

<input type="checkbox"/> CKC Reg. No.	Date of Birth M_____ D_____ Y_____
<input type="checkbox"/> CKC ERN No.	
<input type="checkbox"/> CKC Misc. Cert No.	Is this a puppy? Y_____ N_____
<input type="checkbox"/> CKC PEN No.	Place of Birth Canada <input type="checkbox"/> Elsewhere <input type="checkbox"/>
<input type="checkbox"/> LISTED (No CKC/ERN No.)	

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa Card Number: _____ Expiry Date: _____

Mastercard Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____ Phone: _____

Email: _____

Fax & Internet entries will be assessed a processing fee of \$3.00 per entry



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