



## OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

**Western Canada Boxer Club  
Specialty Conformation Show  
Saturday, April 4, 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	Sweepstakes
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veterans	<input type="checkbox"/> Brood Matron	<input type="checkbox"/> 6-9 mths
<input type="checkbox"/> 12 to 18 mths	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Brace	<input type="checkbox"/> 9-12 mths
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only		<input type="checkbox"/> 12-15 mths
<input type="checkbox"/> Bred by Exhibitor			<input type="checkbox"/> 15-18 mths

Reg. Name of Dog

Check one and enter number here	Date of Birth
<input type="checkbox"/> CKC Reg. No.	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 [ ] Elsewhere [ ]
<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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Breeder:

Sire:

Dam:

Reg. Owner:

Owner's Address:

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Owner's Agent:

Agent's Address:

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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