



OFFICIAL ENTRY FORM
CONFORMATION EVENTS
NEWFOUNDLAND DOG CLUB OF CANADA

Prepaid Catalogue ___ Dinner Reservations \$35.00 x ___

I ENCLOSE		FOR ENTRY FEES		FOR LISTING FEES	
Breed	NEWFOUNDLAND			<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open Black	Non Reg Classes	<input type="checkbox"/> Stud Dog t	<input type="checkbox"/> 3-6 mo	<input type="checkbox"/> Juv Sweepstakes
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open Landseer	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> 6-9 mo	<input type="checkbox"/> 9-12	<input type="checkbox"/> 12-15
<input type="checkbox"/> 12-15 Month	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Brace	<input type="checkbox"/> 12-15	<input type="checkbox"/> 15-18	<input type="checkbox"/> 15-18
<input type="checkbox"/> 15-18 Month	<input type="checkbox"/> Veteran 7-8 yrs	<input type="checkbox"/> Baby Puppy	Vet Sweepstakes		
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Veteran 8-9 yrs	<input type="checkbox"/> Working	<input type="checkbox"/> 7-8yrs	<input type="checkbox"/> 8-9 yrs	
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Veteran 9 + yrs	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> 9 + yrs		
	<input type="checkbox"/> Parade <input type="checkbox"/> Veterans	<input type="checkbox"/> Parade <input type="checkbox"/> Titlists	<input type="checkbox"/> 3 Generation		

Reg'd Name of Dog _____

Check One - and - Enter Number here | Date of Birth | Is this a Puppy?

CKC Reg. No. | D M Y | YES NO

CKC ERN. | Place of Birth

CKC PEN | Canada Elsewhere

Listed

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City | Prov. | Postal Code

Name of Owner's Agent (if any) at the Show _____

Agent's Address _____

City | Prov. | Postal Code

Mail I.D. to: Owner Agent

DOGSHOW TOLL FREE FAX ENTRIES Fax: (877) 993-6879

Visa ___ Mastercard ___ Card No. _____ Expiry ____/____

Interac ___ AmExpress ___ EFT ___

Name of Card Holder: _____

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 by any additional rules and regulations appearing in the premium list.

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NUMBER _____

E-mail _____ Please print clearly



OFFICIAL ENTRY FORM OBEDIENCE & RALLY OBEDIENCE EVENTS
NEWFOUNDLAND DOG CLUB OF CANADA

Saturday morning – August 30

Prepaid Catalogue ___ Dinner Reservations \$35.00 x ___

I ENCLOSE		FOR ENTRY FEES		FOR LISTING FEES	
Breed	NEWFOUNDLAND			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Obedience Classes:					
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open B	<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Exhib Only	JUMPS	
<input type="checkbox"/> Novice B	<input type="checkbox"/> Utility A	<input type="checkbox"/> Novice C	<input type="checkbox"/> Brace	Ht.	
<input type="checkbox"/> Open A	<input type="checkbox"/> Utility B	<input type="checkbox"/> Novice Inter	<input type="checkbox"/> Vets Obed	Wd.	
RALLY CLASSES:					
<input type="checkbox"/> NOVICE A	<input type="checkbox"/> ADVANCED A	<input type="checkbox"/> EXCELLENT A	JUMPS		
<input type="checkbox"/> NOVICE B	<input type="checkbox"/> ADVANCED B	<input type="checkbox"/> EXCELLENT B	HT _____		

Reg'd Name of Dog _____

Check one - and - Enter Number here | Date of Birth | Is this a puppy?

CKC Reg. No. | D M Y | Yes No

CKC ERN. | Place of Birth

CKC PEN | Canada Elsewhere

Listed

Breeder(s) _____

Sire _____

Dam _____

Reg'd owner(s) _____

Owner's Address _____

City | Prov. | Postal Code

Name of Owner's Agent (if any) at the show _____

Agent's Address _____

City | Prov. | Postal Code

Mail I.D. to: Owner Agent

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SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NUMBER _____

E-mail : _____ Please print clearly