



CANADIAN KENNEL CLUB

CLUB CANIN CANADIEN

200 RONSON DRIVE, SUITE 400, ETOBICOKE, ONTARIO M9W 5Z9 TEL: (416) 675-5511 FAX: (416) 675-6506 WEB SITE: www.ckc.ca

VERIFICATION OF MATCH/SWEEPSTAKES JUDGING ASSIGNMENT

SECTION 1 (To be completed by applicant)

Name grid

Name

Membership No. grid

Membership No.

Mailing Address grid

Mailing Address

City grid

City

Province grid

Province

Postal Code grid

Postal Code

SECTION 2 (To be completed by the event-holding club)

Name of Club: grid

Date of Event: line

Type of Event: MATCH: [] All-Breed [] Specialty SWEEPSTAKES: [] All-Breed [] Specialty

ASSIGNMENT (Please indicate below the number of dogs in each group that the applicant judged)

Assignment table with categories: All Breeds in Group 1 & Group, All Breeds in Group 2 & Group, All Breeds in Group 3 & Group, All Breeds in Group 4 & Group, All Breeds in Group 5 & Group, All Breeds in Group 6 & Group, All Breeds in Group 7 & Group, Best in Match, Best Puppy in Match

TOTAL NUMBER OF DOGS JUDGED: []

ADDITIONAL COMMENTS

Additional comments lines

Signature of Applicant line

Signature of Applicant

Date line

Date

Signature of Event Secretary line

Signature of Event Secretary

Date line

Date



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VERIFICATION OF RING STEWARDING ASSIGNMENT

SECTION 1 (To be completed by applicant)

Name, Membership No., Mailing Address, City, Province, Postal Code

SECTION 2 (To be completed by the event-holding club)

Name of Club, Date of Event, Type of Event: All-Breed, Specialty

ASSIGNMENT (Please indicate the breeds and/or groups in the assignment)

1st Show: Name of Judge, Signature of Judge, Date, Duration

2nd Show: Name of Judge, Signature of Judge, Date, Duration

3rd Show: Name of Judge, Signature of Judge, Date, Duration

4th Show: Name of Judge, Signature of Judge, Date, Duration

ADDITIONAL COMMENTS

Large empty box for additional comments

Signature of Applicant Date

Signature of Event Secretary Date