

OFFICE USE



**Official CKC Conformation Entry Form
AFGHAN HOUND CLUB OF CANADA
NATIONAL SPECIALTY, June 2nd, 2018**



OFFICE USE

**MAIL TO: Erin Verwey 243 Mahogany Landing SE Calgary, AB T3M 1X4
Make Cheques payable to AFGHAN HOUND CLUB OF CANADA (please write out in full)**

ENTER IN THE FOLLOWING CLASSES:

<u>REGULAR CLASSES</u>		<u>NON-REGULAR & UNOFFICIAL CLASSES</u>	<u>JUVENILE & VETERAN SWEEPSTAKES</u>
<input type="checkbox"/> BABY PUPPY <input type="checkbox"/> JR PUPPY <input type="checkbox"/> SR PUPPY <input type="checkbox"/> 12 - 18 MNTHS <input type="checkbox"/> CDN BRED <input type="checkbox"/> BRED BY EXBTR <input type="checkbox"/> OPEN <input type="checkbox"/> VETERANS CLASS	<input type="checkbox"/> SPECIALS ONLY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY (3-6 MOS.)	<input type="checkbox"/> STUD DOG & GET <input type="checkbox"/> BROOD BITCH & PROGENY <input type="checkbox"/> BRACE <input type="checkbox"/> PARADE OF MULTI . TITLE HOLDERS <input type="checkbox"/> PARADE OF VETERANS <u>UNOFFICIAL CLASSES</u> <input type="checkbox"/> VERSATILITY CONFORMATION	<input type="checkbox"/> 3-6 MONTHS <input type="checkbox"/> 6-9 MONTHS <input type="checkbox"/> 9-12 MONTHS <input type="checkbox"/> 12-18 MONTHS <u>VETERANS SWEEPSTAKES</u> <input type="checkbox"/> 7-9 YEARS <input type="checkbox"/> 10 + YEARS

Reg'd Name of Dog (CKC Recognized titles ONLY)

CHECK ONE AND ENTER #: <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CCN NUMBER: _____	DATE OF BIRTH ____ / ____ / ____ Day Month Year	PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> PRE-PAID COMBINED CATALOGUE(S) (INDICATE # OF CATALOGUES WANTED)	IS THIS ENTRY AVAILABLE FOR JUNIOR HANDLING? <input type="checkbox"/> YES <input type="checkbox"/> NO

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY _____ **PROV./STATE** _____ **POSTAL CODE** _____

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY _____ **PROV./STATE** _____ **POSTAL CODE** _____

MAIL ID TO: ___ OWNER ___ AGENT

FAX ENTRIES ONLY ___ VISA ___ MASTERCARD ___ AMEX

CARD NO. _____ **EXPIRY** ____ / ____

CARDHOLDER NAME (PLEASE PRINT) _____

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 address: _____