

OFFICE USE



**Official CKC Conformation Entry Form  
STAMPEDE CITY WHIPPET CLUB  
NATIONAL SPECIALTY, August 1, 2021**



OFFICE USE

**MAIL TO: Valerie Hansen, 521 Railway Avenue NE, Langdon, AB T0J 1X1  
Make Cheques payable to STAMPEDE CITY WHIPPET CLUB (please write out in full)**

**ENTER IN THE FOLLOWING CLASSES:**

**REGULAR CLASSES**

**NON-REGULAR & UNOFFICIAL CLASSES**

JR PUPPY  
 SR PUPPY  
 12 – 18 MNTHS  
 CDN BRED  
 BRED BY EXBTR  
 OPEN  
 VETERANS  
 FIELD DOG

SPECIALS ONLY  
 EXHIBITION ONLY  
 EXHIBITION ONLY (4-6 MOS.)

BABY PUPPY  
 STUD DOG & GET  
 BROOD BITCH & PROGENY  
 BRACE

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

**CHECK ONE AND ENTER #:**

CKC REG. NO.  
 CKC MISC. CERT. NO.  
 CKC ERN NO.  
 TCN  
 CCN

**NUMBER:** \_\_\_\_\_

**DATE OF BIRTH**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

**PLACE OF BIRTH**

CANADA  
 ELSEWHERE

**ON SHOW DATE IS THIS A PUPPY?**

YES  NO

**PRE-PAID CATALOGUE(S)**

**(INDICATE # OF CATALOGUES WANTED)**

**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

**CARDHOLDER NAME:** \_\_\_\_\_

VISA  MASTERCARD  AMEX

**CARD NO.** \_\_\_\_\_ **EXPIRY** \_\_\_\_ / \_\_\_\_  
(Year) (Month)

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**

\_\_\_\_\_  
**EMAIL:**