

OFFICE USE



**Official CKC Conformation Entry Form  
AFGHAN HOUND CLUB OF CANADA  
REGIONAL SPECIALTY, June 1<sup>ST</sup>, 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 &amp; UNOFFICIAL CLASSES</u>	<u>JUVENILE &amp; 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"/> PRE-PAID COMBINED CATALOGUE (INDICATE # OF CATALOGUES WANTED)	<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)** \_\_\_\_\_

<b>CHECK ONE AND ENTER #:</b>	<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>ON SHOW DATE IS THIS A PUPPY?</b>
<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  <b>NUMBER:</b> _____	_____ / _____ / _____ Day      Month      Year	<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	<input type="checkbox"/> YES <input type="checkbox"/> NO  <b>IS THIS ENTRY AVAILABLE FOR JUNIOR HANDLING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

BREEDER(S) \_\_\_\_\_

SIRE \_\_\_\_\_

DAM \_\_\_\_\_

REG'D OWNER(S) \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

CITY	PROV./STATE	POSTAL CODE
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**NAME OF OWNER'S AGENT  
(IF ANY) AT THE SHOW**

AGENT'S ADDRESS \_\_\_\_\_

CITY	PROV./STATE	POSTAL CODE
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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: \_\_\_\_\_