



OFFICIAL CANADIAN KENNEL CLUB FORM
NATIONAL SPECIALTY SHOW
AIREDALE TERRIER CLUB OF CANADA
Sunday May 17, 2015

CLOSING DATE: 6 p.m.
SATURDAY, MAY 2, 2015

Make fees payable to
K-W Kennel Club
 and mail to:
 MJN Show Services
 9 Samya Court
 Scarborough, ON M1R 2A4

Entry Fees (\$30.00) \$ _____
 Listing Fees (\$9.60) \$ _____
 Exhibition Only (\$15.00) \$ _____
 Veterans (\$15.00) \$ _____
 Stud Dog/Brood Bitch/Parades (\$15.00) \$ _____
 Sweepstakes (\$15.00 each) \$ _____
 Altered (\$15.00) \$ _____
 Prepaid Catalogue (\$6.00 each) \$ _____
 TOTAL enclosed \$ _____

Please type or print clearly

Breed AIREDALE TERRIER	Variety	Sex
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Enter in the following Classes:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Sweepstakes |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Parade of Champions | Class _____ |
| <input type="checkbox"/> 12 - 18 Month | <input type="checkbox"/> Veterans | <input type="checkbox"/> Parade of Titleholders | <input type="checkbox"/> Veteran Sweepstakes |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered Class | <input type="checkbox"/> Exhibition Only | Class _____ |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Stud Dog | | |

Reg. Name of Dog _____

Check One – and – Enter Number here	Date of Birth	Is this a puppy?
<input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> Listed	D ____ M ____ Y ____	YES ____ NO ____
		Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City	Prov.	Code
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Name of Owner's Agent (if any)
 at the Show _____

Agent's Address _____

City	Prov.	Code
------	-------	------

Mail I.D. to Owner or Agent Email _____

FAX/CREDIT CARD ENTRIES

Amer Express Mastercard VISA Card No. _____ Expiry _____

Name of Cardholder _____ Signature _____

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. Also by signing this form, I certify that I will not hold the Show giving Club, its members, directors, employees or agents liable in the event of any accident of misfortune however caused.

SIGNATURE OF OWNER OR AGENT _____

TELEPHONE NO. _____



OFFICIAL CANADIAN KENNEL CLUB FORM

SPECIALTY OBEDIENCE TRIAL

AIREDALE TERRIER CLUB OF CANADA

Sunday, May 17, 2015

ENTRY FEES
(\$30.00) \$ _____

LISTING FEES \$ _____
(\$9.60)

EXHIBITION ONLY
(\$15.00) \$ _____

PREPAID CATALOGUE
(\$6.00 each) \$ _____

TOTAL enclosed \$ _____

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9 Samya Court
Scarborough, ON M1R 2A4

Please type or print clearly

Breed AIREDALE TERRIER	Sex _____
Enter in the following Classes: <input type="checkbox"/> Novice A <input type="checkbox"/> Open B <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Novice B <input type="checkbox"/> Utility A <input type="checkbox"/> Novice-Intermediate <input type="checkbox"/> Novice C <input type="checkbox"/> Utility B <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Open A	Jumps: _____ Height _____ Width _____

Reg. Name of Dog _____

Check One – and – Enter Number here

- CKC Reg. No.
 CKC ERN No.
 CKC Misc. Cert. No.
 Listed

Date of Birth
D _____ M _____ Y _____

Is this a puppy?
YES ___ NO ___

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov. _____ Code _____

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

Agent's Address _____

City _____ Prov. _____ Code _____

FAX/CREDIT CARD ENTRIES

Mail I.D. to Owner or Agent Email _____
 Amer Express Mastercard VISA Card No. _____ Expiry _____
 Name of Cardholder _____ Signature _____

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