



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Weimaraner Association of Canada 2019 National Specialty



Mail Entries to: Arcticdreams Show Services
 Comp 56 Site 11 RR 2, Sexsmith, AB T0H 3C0
 Make cheques payable to: **Pat Solkshnitz**
 Show dates: **Saturday, August 24th, 2019**

Entries Close August 7th, 2019 at 11:00 p.m. MDT

Entry Fees \$ _____ + Listing Fees \$ _____ + Pre-paid Catalogue \$ _____ Hard copy / \$ _____ Electronic Copy
TOTAL\$ _____

PLEASE PRINT OR TYPE CLEARLY

Conformation Classes			Sweepstakes
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Open Class Short Coat	<input type="checkbox"/> Altered	Juvenile Sweepstakes ___ 3 - 6 months / ___ 6 - 9 months ___ 9 - 12 months / ___ 12 - 18 months Veteran Sweepstakes ___ 7-9 years / ___ 9 years and over
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open Class Long Coat	<input type="checkbox"/> Stud Dog	
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Field Class	<input type="checkbox"/> Brood Bitch	
<input type="checkbox"/> 12 - 18 Month	<input type="checkbox"/> Veterans Class	<input type="checkbox"/> Brace	
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Specials		
<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Exhib Only	<input type="checkbox"/> Exhib Only (3-6 Month)	

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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Reg. Name of Dog (CKC Titles ONLY please)

Check one & Enter CKC Number: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. NUMBER:	<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.)	DOB ___/___/___ Day Month Year	On the show Date is this a PUPPY? ___ YES ___ NO
		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	

BREEDER(S)

SIRE

DAM

REG. OWNER(S)

OWNER(S) ADDRESS

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

Telephone Number _____ **CKC Membership #** _____

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

AGENT'S ADDRESS

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

IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION

___ VISA ___ MASTERCARD ___ AMEX

Card No. _____ **EXPIRY** ___/___/___

CARDHOLDERS NAME (PLEASE PRINT) _____

AUTHORIZATION & GENERAL AGREEMENT

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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list.

Signature of Owner, Agent, Handler: X _____ **Date:** _____ **Email Address:** _____
Signature of parent/guardian is required for children under 18 years