



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Soft-Coated Wheaten Terrier Association of Canada

Mail Entries to: Erin Verwey, 243 Mahogany Landing SE Calgary, AB T3M 1X4

Make cheques payable to: **Southern Alberta Wheaten Association (SAWA)**

Show dates: July 29, 2021

Entries Close 10pm MDT July 12, 2021

Entry Fees \$ _____ +TCN Fees \$ _____ + Pre-paid Catalogue \$ _____ = TOTAL \$ _____

PLEASE PRINT OR TYPE CLEARLY

Enter in the Following Classes			
Conformation Classes			Sweepstakes Classes
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Junior Puppy
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> Senior Puppy
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials	<input type="checkbox"/> Altered	<input type="checkbox"/> 12 – 15 Month
<input type="checkbox"/> 12 – 18 Month	<input type="checkbox"/> Veterans	<input type="checkbox"/> Get of Stud dog	<input type="checkbox"/> 15 – 18 Month
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Brace	<input type="checkbox"/> Progeny of Brood Bitch	
<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Exhibition Only (4-6 Month)		
BREED		VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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? <input type="checkbox"/> YES <input type="checkbox"/> 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			
Email Address to send confirmation to			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> 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. I will allow a photograph of my dog or myself on the Club Website or any social media platform.			
Signature of Owner, Agent, Handler: X _____ Date: _____			
<i>Signature of parent/guardian is required for children under 18 years</i>			