OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE



Airedale Terrier Club of Canada Regional Specialty July 31, 2015

I ENCLOSE \$	ENTRY FEES \$	LISTING FEES \$								
PLEASE TYPE OR PRINT CLE	EARLY									
	ALE TERRII	ER	N	MALEFEMALE						
ENTER IN ONE OF THE FOLL	OWING CLASSES:			T						
Junior Puppy Senior Puppy Bred by Exhibitor Canadian Bred 12-18 months Open Veteran Specials Only	Exhibition Only Exhibition Only (3-6 mos) Brace Brood Bitch & Progeny Progeny of Brood Bitch Stud Dog & Get Get of Stud Dog	3-6 months 6-9 months 9-12 months 12-18 month Pre-Paid Cat	s ns	Veteran Sweepstakes7 -9 years 9-12 years 12 years & older						
REG. NAME OF DOG										
CHECK ONE AND ENTER NU	MBER HERE	DATE OF BIRTH	DATE OF BIRTH							
CKC REG. NO CKC ERN NO.										
CKC MISC. CERT. NO.	LISTED	Day	Day Month Year							
NUMBER:		PLACE OF BIRTH CANADA ELSEWHERE								
BREEDER(S)										
SIRE										
DAM										
REG'D OWNER(S)										
,										
OWNER'S ADDRESS				Г						
CITY		PROV./S	STATE	POSTAL CODE						
NAME OF OWNER'S AGENT										
(IF ANY) AT THE SHOW										
AGENT'S ADDRESS										
CITY		PROV./S	STATE	POSTAL CODE						
IDs will not be mailed – please supply email address below for entry confirmation										
VISA	Master Card A	merican Express								
CARD NO.		EXPIRY/_								
CARDHOLDER NAME (PLEAS	,									
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.										
21211471177 07 0111177	ACENT		1011E 1:::							
SIGNATURE OF OWNER OR	AGENT	TELEPI	IONE NU	IMBER						
E-MAIL:										

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Airedale Terrier Club of Canada

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Regional Specialty July 31, 2015

I ENCLOSE \$	ENTRY FEES \$		LISTI	NG FEES	\$ \$				
LEASE TYPE OR PRINT CLEA		DIE	<u> </u>					_	
	ALE TER	KIE	K			MALE	FEMAL	.E	
ENTER IN ONE OF THE FOLL	OWING CLASSES:								
Junior Puppy Senior Puppy Bred by Exhibitor Canadian Bred 12-18 months Open Veteran Specials Only	Exhibition Only Exhibition Only (3-6) Brace Brood Bitch & Proge Progeny of Brood Bi Stud Dog & Get Get of Stud Dog	mos) –	3-6 months 6-9 months			7 -9 y 9-12 y	Sweepstake ears years ars & older	<u>es</u>	
REG. NAME OF DOG									
CHECK ONE AND ENTER NUMBER HERE			DATE OF BIRTH						
CKC REG. NO. CKC MISC. CERT. NO.	CKC ERN NO. LISTED		////						
61.0 11.100.1 02.111110.1	ONO MIGG. GENT. NO. EIGTED		Day PLACE OF BIRTH			Month Year			
NUMBER:			CANADA		-	ELSEWHERE			
BREEDER(S)									
SIRE									
DAM									
REG'D OWNER(S)									
, ,									
OWNER'S ADDRESS									
CITY				PROV./S	TATE	POST	TAL CODE		
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW				1104.70	/IAIL	1 00	TAL GODE		
(II ANT) AT THE SHOW									
AGENT'S ADDRESS									
CITY				PROV./S	TATE	POST	TAL CODE		
IDs will not be mail	ed – please supply	email ad	dress L					<u>1</u>	
VISA	Master Card	An	nerican Ex	xpress					
CARD NO.				EXPIRY/_					
CARDHOLDER NAME (PLEAS	SE PRINT)								
I CERTIFY that I am the regi name(s) I have entered above the acceptance of this entry, by any additional rules and re	and accept full responsib I (we) agree to be bound b	ility for all y the rules	statement and regu	ts made i	in this	entry. In	consideration	on of	
SIGNATURE OF OWNER OR AGENT				TELEPHONE NUMBER					
E-MAIL:									