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| OFFICE USE |  | OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Airedale Terrier Club of Canada Regional Speciality July 31, 2015 | OFFICE USE |
| I ENCLOSE \$ _____ ENTRY FEES \$ _____ LISTING FEES \$ _____ | | | |
| <i>PLEASE TYPE OR PRINT CLEARLY</i> | | | |
| BREED AIREDALE TERRIER | | ___ MALE ___ FEMALE | |
| ENTER IN ONE OF THE FOLLOWING CLASSES: | | | |
| <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Canadian Bred <input type="checkbox"/> 12-18 months <input type="checkbox"/> Open <input type="checkbox"/> Veteran <input type="checkbox"/> Specials Only | <input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6 mos) <input type="checkbox"/> Brace <input type="checkbox"/> Brood Bitch & Progeny <input type="checkbox"/> Progeny of Brood Bitch <input type="checkbox"/> Stud Dog & Get <input type="checkbox"/> Get of Stud Dog | Juvenile Sweepstakes <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> 12-18 months <input type="checkbox"/> Pre-Paid Catalogue | Veteran Sweepstakes <input type="checkbox"/> 7-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12 years & older |
| REG. NAME OF DOG _____ | | | |
| CHECK ONE AND ENTER NUMBER HERE | | DATE OF BIRTH | |
| <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. | <input type="checkbox"/> CKC ERN NO. LISTED | _____ / _____ / _____ Day Month Year | |
| NUMBER: _____ | | PLACE OF BIRTH ___ CANADA ___ ELSEWHERE | |
| BREEDER(S) _____ | | | |
| SIRE _____ | | | |
| DAM _____ | | | |
| REG'D OWNER(S) _____ | | | |
| OWNER'S ADDRESS | | | |
| CITY _____ | | PROV./STATE _____ | POSTAL CODE _____ |
| NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW _____ | | | |
| AGENT'S ADDRESS | | | |
| CITY _____ | | PROV./STATE _____ | POSTAL CODE _____ |
| <i>IDs will not be mailed – please supply email address below for entry confirmation</i> | | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express | | EXPIRY _____ / _____ | |
| CARD NO. _____ | | 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: _____ | | | |

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| NUMBER: _____ | | PLACE OF BIRTH ___ CANADA ___ ELSEWHERE | |
| BREEDER(S) _____ | | | |
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