



OFFICE USE		<b>OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM</b> <b>Canadian Scottish Terrier Club</b> <b>Regional Specialty</b> <b>July 31<sup>st</sup> 2015</b>	OFFICE USE
I ENCLOSE \$ _____		ENTRY FEES \$ _____ LISTING FEES \$ _____	
<b>PLEASE TYPE OR PRINT CLEARLY</b>			
BREED		<b>SCOTTISH TERRIER</b>	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>ENTER IN ONE OF THE FOLLOWING CLASSES:</b>			
<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 <input type="checkbox"/> Baby Puppy	<b>Juvenile Sweepstakes</b> <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> 12-15 months <input type="checkbox"/> 15-18 months	<b>Veteran Sweepstakes</b> <input type="checkbox"/> 7-10 years <input type="checkbox"/> 10 years & older
REG. NAME OF DOG _____			
<b>CHECK ONE AND ENTER NUMBER HERE</b>		<b>DATE OF BIRTH</b>	
<input type="checkbox"/> CKC REG. NO.	<input type="checkbox"/> CKC ERN NO.	____ / ____ / ____	
<input type="checkbox"/> CKC MISC. CERT. NO.	<input type="checkbox"/> LISTED	Day    Month    Year	
NUMBER: _____		<b>PLACE OF BIRTH</b>	
		<input type="checkbox"/> CANADA <input type="checkbox"/> 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 _____	
<b><i>IDs will not be mailed – please supply email address below for entry confirmation</i></b>			
<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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