



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show:

AMERICAN STAFFORDSHIRE TERRIER CLUB OF CANADA

SATURDAY September 4, 2021



Show Secretary: Arcticdreams Show Services Phone: 780-814-3665

Comp 56 Site 11 RR 2 Sexsmith Alberta

Entry Fees \$_____ TCN Fees \$_____ Catalogue \$_____ P/F \$_____ Total \$_____

Breed: **American Staffordshire Terrier** Color _____ Sex _____

Enter in the following Regular and Non-regular classes

- | | | |
|---|--|--|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Senior Puppy | | |
| <input type="checkbox"/> 12 to 18 Months | <input type="checkbox"/> Baby Puppy | |
| <input type="checkbox"/> Open | <input type="checkbox"/> Brace | |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Stud Dog and Get | |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Brood Bitch and Progeny | |
| <input type="checkbox"/> Veterans 7 to 10 Years | <input type="checkbox"/> Veterans 10 + Years | |

Enter in the following Sweepstakes Classes

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 4 to 6 Months | <input type="checkbox"/> 6 to 9 Months | <input type="checkbox"/> 9 to 12 Months | <input type="checkbox"/> 12 to 18 Months |
| <input type="checkbox"/> Veterans 7 to 10 Years | <input type="checkbox"/> Veterans 10 + Years | | |

Reg. Name of Dog _____

Please Check one and enter number here _____

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert No.
- CKC PEN No.

TCN (No CKC/ERN No.)

Date of Birth M___ D___ Y___ Is this a puppy? Y___ N___ Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa MasterCard Amex

Card Number: _____

Expiry Date: ____/____

Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____

Phone: _____ Email: _____