



OFFICE USE	 OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM	OFFICE USE
ALBERTA SPORTING HOUND ASSOCIATION Friday, July 31, 2009		
I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____		
PLEASE TYPE OR PRINT CLEARLY		
BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Specials Only <u>JUVENILE SWEEPSTAKES</u> <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Exhibition Only <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Exhibition Only (3-6 mos) <input type="checkbox"/> 6-9 Months <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Stud Dog & Get <input type="checkbox"/> 9-12 Months <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Brood Bitch & Progeny <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Open <input type="checkbox"/> Brace <input type="checkbox"/> Veterans Class <input type="checkbox"/> Parade of Veterans <input type="checkbox"/> Prepaid Catalogue		
REG. NAME OF DOG		
CHECK ONE -AND- ENTER NUMBER HERE		DATE OF BIRTH
<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
		ON SHOW DATE IS THIS A PUPPY?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER:		PLACE OF BIRTH
		<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
MAIL ID TO: <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT		
FAX ENTRIES ONLY <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
CARD NO. _____ EXPIRY _____ / _____		
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 address:		

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