



OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Canadian Scottish Terrier Club July 13th and 14th 2024		OFFICE USE
I ENCLOSE \$ _____		ENTRY FEES \$ _____	TCN FEES \$ _____	
PLEASE TYPE OR PRINT CLEARLY				
BREED _____		Variety: _____	___ MALE ___ FEMALE	
TESTS ENTERED			Call Name: _____	
Test #1 (Sat)	Test #2 (Sat)	Test #3 (Sun)	Test #4(Sun)	
IQ ___	IQ ___	IQ ___	IQ ___	
NE ___	NE ___	NE ___	NE ___	
JE ___	JE ___	JE ___	JE ___	
SE ___	SE ___	SE ___	SE ___	
AVE ___	AVE ___	AVE ___	AVE ___	
ME ___	ME ___	ME ___	ME ___	
REG. NAME OF DO _____				
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"/> CKC TCN NO. <input type="checkbox"/> CKC PEN NO.			_____/_____/_____ 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 _____	
ID'S WILL NOT BE MAILED – PLEASE SUPPLY VALID EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION				
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 _____	
Email Address _____				