



Metro Valley Afghan Hound Association
Sunday July 26, 2015

Enter the Following Classes:

- | | | |
|---|--|--|
| Regular | Non-Regular & Unofficial | Sweepstakes |
| Junior Puppy <input type="checkbox"/> Open <input type="checkbox"/> | Sire & Get <input type="checkbox"/> | 6 – 9 Months <input type="checkbox"/> |
| Senior Puppy <input type="checkbox"/> Veteran <input type="checkbox"/> | Dam & Progeny <input type="checkbox"/> | 9 – 12 Months <input type="checkbox"/> |
| 12 – 18 Months <input type="checkbox"/> Specials Only <input type="checkbox"/> | Brace <input type="checkbox"/> | 12 – 18 Months <input type="checkbox"/> |
| Canadian Bred <input type="checkbox"/> Exhibition Only <input type="checkbox"/> | Parade of Veterans <input type="checkbox"/> | Veteran 7 – 10 Yrs <input type="checkbox"/> |
| Bred By Exhibitor <input type="checkbox"/> | Parade of Title Holders <input type="checkbox"/> | Veteran 10 – 12 Yrs <input type="checkbox"/> |
| | | Veteran over 12 Yrs <input type="checkbox"/> |

⇒ **ENTRIES CLOSE: 12:00 noon (PDT) – Thursday July 2, 2015** ⇐

All fees payable to and mailed to CompuPets Internet Inc. Show Secretary,

Entry Fees: _____ Listing Fees: _____ Catalogue: _____ Dinner: _____ Total Fees: _____

(Please refer to page ii of the over cover for entry fees)

Breed **Afghan Hound** Variety _____ Sex _____

Reg'd Name of Dog _____
 (CKC - RECOGNIZED TITLES ONLY)

- CHECK ONE AND ENTER NUMBER HERE**
- CKC Reg. No. Date of Birth Is this a puppy?
 Month ____ Day ____ Year ____ Yes No
- CKC ERN No.
- Listed (No CKC/ERN No.). Place of Birth
- CKC Misc. # Canada Elsewhere

Bred By Exhibitor in Specialty - Will this dog be eligible to compete for this award if offered by this Club? (see the rules in the Premium List) Yes No

Breeder(s) _____
 Sire _____
 Dam _____
 Reg'd Owner(s) _____
 Reg'd Owner(s) _____
 Reg'd Owner(s) _____
 Owners Address _____
 City _____ Prov/State _____ Postal/Zip Code _____
 Name of Owner's Agent (if any) _____
 Agent's Address _____

Acknowledgements to be returned to (check one only) **Owner or Agent**
 I accept full responsibility for all statements made on this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and I agree to be bound by the same.

PAYMENT OF ENTRY FEES MAY BE CHARGED TO:

- Visa** Name of Cardholder _____
 MasterCard Credit Card # _____

(Please Print)

Exp. Date ____/____/____ (Month/Year)

Signature of Cardholder _____
 Signature of Owner or Agent _____ Telephone Number _____
 Email Address: _____