



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Schipperke Club of Canada

Mail Entries to: Erin Verwey, 243 Mahogany Landing SE Calgary, AB T3M 1X4

Make cheques payable to: Schipperke Club of Canada

Show dates: June 2, 2018

Entries Close 10pm MDT May 14, 2018

Entry Fees \$ _____ + Listing Fees \$ _____ + Pre-paid Catalogue \$ _____ = TOTAL \$ _____

PLEASE PRINT OR TYPE CLEARLY

Enter in the Following Classes				
Conformation Classes			Sweepstakes Classes	
<input type="checkbox"/> Baby Puppy <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12 – 18 Month	<input type="checkbox"/> Canadian Bred <input type="checkbox"/> Bred By Exhibitor <input type="checkbox"/> Open <input type="checkbox"/> Veterans <input type="checkbox"/> Specials	<input type="checkbox"/> Altered <input type="checkbox"/> Stud Dog <input type="checkbox"/> Brood Bitch <input type="checkbox"/> Brace	<input type="checkbox"/> 7- 9 Year Veteran <input type="checkbox"/> 9 – 12 Year Veteran <input type="checkbox"/> 12+ Year Veteran	<input type="checkbox"/> Baby Puppy <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> 12 – 18 Month
<input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6 Month)				
BREED			VARIETY	
			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
Reg. Name of Dog (CKC Titles ONLY please)				
Check one & Enter CKC Number: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. NUMBER:		<input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.)	DOB ____/____/____ Day Month Year	
				On the show Date is this a PUPPY? ____ YES ____ NO
PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE				
BREEDER(S)				
SIRE				
DAM				
REG. OWNER(S)				
OWNER(S) ADDRESS				
CITY:		PROV./STATE:		POSTAL CODE:
Telephone Number			CKC Membership #	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW				
AGENT'S ADDRESS				
CITY:		PROV./STATE:		POSTAL CODE:
IDS WILL NOT BE MAILED- PLEASE SUPPLY EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION				
Email Address to send confirmation to				
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX				
Card No. _____ EXPIRY _____ / _____				
CARDHOLDERS NAME (PLEASE PRINT) _____				
AUTHORIZATION & GENERAL AGREEMENT				
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 abide by the rules and regulations of the Canadian Kennel Club and by an additional rules and regulations appearing in the premium list. I will allow a photograph of my dog or myself on the AKC Website.				
Signature of Owner, Agent, Handler: X _____			Date: _____	
<i>Signature of parent / guardian is required for children under 18 years</i>				