

OFFICE USE



**Official CKC Conformation Entry Form  
AFGHAN HOUND CLUB OF CANADA  
NATIONAL SPECIALTY, August 1, 2021**



OFFICE USE

**MAIL TO: Valerie Hansen, 521 Railway Avenue NE, Langdon, AB T0J 1X1  
Make Cheques payable to AFGHAN HOUND CLUB OF CANADA (please write out in full)**

**ENTER IN THE FOLLOWING CLASSES:**

<u>REGULAR CLASSES</u>		<u>NON-REGULAR &amp; UNOFFICIAL CLASSES</u>	<u>JUVENILE &amp; VETERAN SWEEPSTAKES</u>
<input type="checkbox"/> BABY PUPPY	<input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> STUD DOG & GET	<input type="checkbox"/> 4-6 MONTHS
<input type="checkbox"/> JR PUPPY	<input type="checkbox"/> EXHIBITION	<input type="checkbox"/> BROOD BITCH & PROGENY	<input type="checkbox"/> 6-9 MONTHS
<input type="checkbox"/> SR PUPPY	<input type="checkbox"/> ONLY	<input type="checkbox"/> BRACE	<input type="checkbox"/> 9-12 MONTHS
<input type="checkbox"/> 12 - 18 MNTHS	<input type="checkbox"/> EXHIBITION		<input type="checkbox"/> 12-18 MONTHS
<input type="checkbox"/> CDN BRED	<input type="checkbox"/> ONLY (4-6		<b>VETERANS</b>
<input type="checkbox"/> BRED BY EXBTR	<input type="checkbox"/> MOS.)		<b>SWEEPSTAKES</b>
<input type="checkbox"/> OPEN			<input type="checkbox"/> 7-9 YEARS
<input type="checkbox"/> VETERANS CLASS			<input type="checkbox"/> 10 + YEARS

**Reg'd Name of Dog (CKC Recognized titles ONLY)**

<b>CHECK ONE AND ENTER #:</b> <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> TCN <input type="checkbox"/> CCN  <b>NUMBER:</b> _____	<b>DATE OF BIRTH</b> _____ / _____ / _____ Day / Month / Year	<b>PLACE OF BIRTH</b> <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	<b>ON SHOW DATE IS THIS A PUPPY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> <b>PRE-PAID CATALOGUE(S)</b> <b>(INDICATE # OF CATALOGUES WANTED)</b> _____	

**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:**  OWNER  AGENT

**CARDHOLDER NAME:** \_\_\_\_\_

VISA  MASTERCARD  AMEX

**CARD NO.** \_\_\_\_\_ **EXPIRY** \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month)

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:** \_\_\_\_\_