OFFICE USE

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



Giant Schnauzer Canada Specialty August 1& 2, 2015

FFICE USE	
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I ENCLOSE \$	ENTRY FEES \$	LISTING F	EES \$	
PLEASE TYPE OR PRINT CLE	EARLY			
	SCHNAUZ	ER	RMALEFEMALE	
ENTER IN ONE OF THE FOLL	OWING CLASSES:		•	
Junior Puppy Senior Puppy Bred by Exhibitor Canadian Bred 12-18 months Open Veteran Specials Only	Exhibition Only Exhibition Only (3-6 mos) Brace Brood Bitch & Progeny Progeny of Brood Bitch Stud Dog & Get Get of Stud Dog	3-6 montl 3-6 montl 	ns ns ths nths	Veteran Sweepstakes7 -9 years 9-12 years 12 years & older
REG. NAME OF DOG				
CHECK ONE AND ENTER NUI	MRED LIEDE	DATE OF BIF	тц	
CKC BEC. NO	CKC EBNINO			
CKC MISC. CERT. NO.	LISTED	Day	_ / Mo	nth Year
		PLACE OF B	RTH	
NUMBER:		CANAD	٩.	ELSEWHERE
DAM REG'D OWNER(S)				
OWNER'S ADDRESS				1
CITY		PRO	/./STATE	POSTAL CODE
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW AGENT'S ADDRESS				
AGENT S ADDRESS				
CITY		PRO	/./STATE	POSTAL CODE
IDs will not be mail	ed – please supply email	address belo	w for ent	try confirmation
VISA CARD NO.	Master Card	American Expres	5	EXPIRY/_
CARDHOLDER NAME (PLEAS	E PRINT)			
name(s) I have entered above the acceptance of this entry, I	stered owner(s) of the dog or the and accept full responsibility for (we) agree to be bound by the ru gulations appearing in the premiu	all statements ma les and regulatior	de in this e	ntry. In consideration of
SIGNATURE OF OWNER OR A	ACENT		PHONE NU	IMPED
E-MAIL:	IGLITI	156	FIIONE NU	MIDER

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Giant Schnauzer Canada Specialty August 1 & 2, 2015

I ENCLOSE \$	ENTRY FEES \$		LISTING FEES \$_					
LEASE TYPE OR PRINT CLEA	ARLY							
BREED GIANT	SCHNAUZI	El	R	M	ALEFEMALE			
ENTER IN ONE OF THE FOLL	OWING CLASSES:							
Junior Puppy Senior Puppy Bred by Exhibitor Canadian Bred 12-18 months Open Veteran Specials Only	Exhibition Only Exhibition Only (3-6 mos) Brace Brood Bitch & Progeny Progeny of Brood Bitch Stud Dog & Get Get of Stud Dog		JuvenileSweepstakes 3-6 months 6-9 months 9-12 months 12-18 months Pre-Paid Catalogue		Veteran Sweepstakes 7 -9 years _ 9-12 years 12 years & older			
REG. NAME OF DOG	L							
CHECK ONE AND ENTER NU	MBER HERE		DATE OF BIRTH					
CKC REG. NO.	CKC ERN NO.							
CKC MISC. CERT. NO.			//	Mon	th Year			
		-	•	IVION	ın rear			
NUMBER:		PLACE OF BIRTH CANADA			ELSEWHERE			
BREEDER(S)								
BREEDER(3)								
SIRE								
DAM								
REG'D OWNER(S)								
OWNER'S ADDRESS								
CITY			PROV./STA	PROV./STATE POSTAL CODE				
NAME OF OWNER'S AGENT								
(IF ANY) AT THE SHOW								
AGENT'S ADDRESS								
CITY			PROV./STA	TF	POSTAL CODE			
IDs will not be mailed – please supply email address below for entry confirmation								
VISA	Master Card							
CARD NO.								
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					MBER			
E-MAIL:								