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2021 Official Entry Form Canadian West Highland White Terrier Club

Specialty July 2021

I Enclose \$_____For Entry Fees \$_____For TCN Fees \$____

PLEASE TYPE OR PRINT CLEARLY				
Breed:	Sex:			
Enter in the following Class:	Unofficial			
115 1	🗖 Baby Puppy			
□ Senior Puppy □ Veterans				
\Box 12 – 18 mos. \Box Specials Only				
□ Canadian Bred □ Exhibition Only				
\Box Bred by Exhibitor \Box 4-6month Exh	ibition Only			
Reg'd.				
Name of Dog				
Check One - and - Enter Number here	Date of Birth		Is this a puppy?	
CKC Reg.#.	D M	Y	Yes No	
CKC ERN #			I	
CKC Misc. Cert. #		Place of I	Birth	
□ TCN		Canac	ia 🛛 Elsewhere	
Breeder(s)		·		
Sire				
Dam				
Reg'd. Owner(s)				
Owner's Address				
City	Prov.	ostal Code		
Name of Owner's Agent				
Agent's Address				
City	Prov.	ostal Code		
e-mail I.D. to: Owner Agent IDs will not be mailed – please supply email				
address below for entry confirmation.				
CARD TYPE				
Card No.		Ex	pirv /	

Name of Card Holder

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 the 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

E-mail

_____ Please print plainly



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PLEASE TYPE OR PRINT CLEARLY

Breed:	Sex:				
Enter in the following Class:	Unofficial				
□ Junior Puppy □ Open	Baby Puppy				
□ Senior Puppy □ Veterans					
\Box 12 – 18 mos. \Box Specials Only					
\Box Canadian Bred \Box Exhibition Only					
\Box Bred by Exhibitor \Box 4-6 month Exh	hibition Only				
Reg'd.					
Name of Dog					
Check One - and - Enter Number here	Date of Birth Is this a puppy?				
CKC Reg.#.	D M Y Yes No				
CKC ERN #					
CKC Misc. Cert. #	Place of Birth				
□ TCN	□ Canada □ Elsewhere				
Breeder(s)					
Sire					
Dam					
Reg'd. Owner(s)					
Owner's Address					
City	Prov. Postal Code				
Name of Owner's Agent					
Agent's Address					
City	Prov. Postal Code				
e-mail I.D. to: Owner Agent	IDs will not be mailed – please supply email				
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CARD TYPE					
Card No	Expiry/				
Name of Card Holder					
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	<u>()</u>				
SIGNATURE OF OWNER OR AGEN'	T TELEPHONE NUMBER				

E-mail

_____ Please print plainly