



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Pacific Saluki Club of BC

Sunday, September 4, 2016

Enter the Following Classes:

Regular

- Junior Puppy Open
- Senior Puppy Veteran
- 12 – 18 Months Specials Only
- Canadian Bred Exhibition Only
- Bred By Exhibitor

Non-Regular & Unofficial

- Sire & Get
- Dam & Progeny
- Brace
- Parade of Veterans
- Parade of Title Holders

Sweepstakes

- 6 – 9 Months
- 9 – 12 Months
- 12 – 18 Months
- Veteran 7 – 10 Yrs
- Veteran 10 – 12 Yrs
- Veteran over 12 Yrs

****ENTRIES CLOSE: FRIDAY**, AUGUST 12, 2016 @ 8 PM (PDT)**
All fees payable to Pacific Saluki Club of BC and mailed to the Show Secretary.
On Line entry fees are handled by DogShows.ca

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

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

Breed	Variety	Sex
_____	_____	_____

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

Check one and enter # here: _____

- | | | |
|---|--|------------------|
| <input type="checkbox"/> CKC Reg. No. | Date of Birth | Is this a puppy? |
| <input type="checkbox"/> CKC ERN No. | Month____Day____Year____ | Yes No |
| <input type="checkbox"/> Listed (No CKC/ERN No.). | Place of Birth | |
| <input type="checkbox"/> CKC Misc. # | <input type="checkbox"/> Canada <input type="checkbox"/> 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 MasterCard Amex

Name of Cardholder _____

Credit Card # _____ Exp.Date _____ / _____ (Month/Year) *Please Print*

Signature of Card Holder _____

Signature of Owner or Agent _____

Email Address: _____ Telephone Number. (_____) _____