



Whippet Club of BC
Saturday, September 3, 2016

Enter the Following Classes:

- | | | | | | |
|-------------------|--|-------------------------------------|---------------|--------------------------|----------------|
| Regular | | Non-Regular & Unofficial | | | |
| Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> | Sire & Get | <input type="checkbox"/> | Coursing Class |
| Senior Puppy | <input type="checkbox"/> Veteran 7-10 | <input type="checkbox"/> | Dam & Progeny | <input type="checkbox"/> | Altered Open |
| 12 - 18 Months | <input type="checkbox"/> Veteran 10+ | <input type="checkbox"/> | Brace | <input type="checkbox"/> | |
| Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> | Baby Puppy | <input type="checkbox"/> | |
| Bred By Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> | Racing Class | <input type="checkbox"/> | |

⇒ **ENTRIES CLOSE: 8:00 pm (PDT) – Friday August 12, 2016** ⇐

All fees payable to JM SERVICES and mailed to Show Secretary,
 On Line entry fees are handled by www.DogShow.ca

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

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

Breed **WHIPPET** Variety _____ Sex _____

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

- CHECK ONE AND ENTER NUMBER HERE** Date of Birth _____ Is this a puppy? _____
 CKC Reg. No. Month ___ Day ___ Year ___ Yes No
 CKC ERN No.
 Listed (No CKC/ERN No.). Place of Birth _____
 CKC Misc. # Canada Elsewhere

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** Name of Cardholder _____
 MasterCard Credit Card # _____
 (Please Print)

Exp. Date ___/___ (Month/Year)

Signature of Cardholder _____
 Signature of Owner or Agent _____ (_____) Telephone Number. _____
 Email Address: _____