



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

Conformation Show:

AMERICAN STAFFORDSHIRE TERRIER CLUB OF CANADA

SATURDAY AUGUST 31, 2019



Show Secretary: Arcticdreams Show Services Phone: 780-814-3665

Comp 56 Site 11RR 2 Sexsmith Alberta Fax: 877-993-6879

Entry Fees \$_____ Listing Fees \$_____ Catalogue \$_____ P/F \$_____

Total \$_____

Breed: **American Staffordshire Terrier** Color_____ Sex_____

Enter in the following Regular and Non-regular classes		
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only
<input type="checkbox"/> Senior Puppy		
<input type="checkbox"/> 12 to 18 Months	<input type="checkbox"/> Baby Puppy	
<input type="checkbox"/> Open	<input type="checkbox"/> Brace	
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Stud Dog and Get	
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Brood Bitch and Progeny	
<input type="checkbox"/> Veterans 7 to 10 Years	<input type="checkbox"/> Veterans 10 + Years	

Enter in the following Sweepstakes Classes			
<input type="checkbox"/> 3 to 6 Months	<input type="checkbox"/> 6 to 9 Months	<input type="checkbox"/> 9 to 12 Months	<input type="checkbox"/> 12 to 18 Months
<input type="checkbox"/> Veterans 7 to 10 Years	<input type="checkbox"/> Veterans 10 + Years		

Reg. Name of Dog_____

Please Check one and enter number here_____

- CKC Reg. No.
- CKC ERN No.
- CKC Misc. Cert No.
- CKC PEN No.

LISTED (No CKC/ERN No.)

Date of Birth M____ D____ Y____ Is this a puppy? Y____ N____ Place of Birth Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

Reg. Owner: _____

Owner's Address: _____

City: _____ Prov: _____ Postal Code: _____

Name of Owner's Agent: _____

Agent's Address: _____

City: _____ Prov: _____ Postal Code: _____

Mail to: Owner Agent

I accept full responsibility for all statements made of this entry. I hereby certify that I understand the CKC rules and regulations, conditions and provisions in the Premium List for this show and agree to be bound by the same.

Visa MasterCard Amex

Card Number: _____

Expiry Date: ____/____/____

Cardholder Name: (Print) _____

Cardholder Signature: _____

Signature of Owner/Agent: _____

Phone: _____ Email: _____