



OFFICE USE			OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM	OFFICE USE
Giant Schnauzer Canada Specialty August 1 & 2, 2015				
I ENCLOSE \$ _____		ENTRY FEES \$ _____		LISTING FEES \$ _____
PLEASE TYPE OR PRINT CLEARLY				
BREED GIANT SCHNAUZER			___ MALE ___ FEMALE	
ENTER IN ONE OF THE FOLLOWING CLASSES:				
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Canadian Bred <input type="checkbox"/> 12-18 months <input type="checkbox"/> Open <input type="checkbox"/> Veteran <input type="checkbox"/> Specials Only		<input type="checkbox"/> Exhibition Only <input type="checkbox"/> Exhibition Only (3-6 mos) <input type="checkbox"/> Brace <input type="checkbox"/> Brood Bitch & Progeny <input type="checkbox"/> Progeny of Brood Bitch <input type="checkbox"/> Stud Dog & Get <input type="checkbox"/> Get of Stud Dog		Juvenile Sweepstakes <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> 12-18 months <input type="checkbox"/> Pre-Paid Catalogue
		Veteran Sweepstakes <input type="checkbox"/> ---7 -9 years <input type="checkbox"/> ___ 9-12 years <input type="checkbox"/> --- 12 years & older		
REG. NAME OF DOG _____				
CHECK ONE AND ENTER NUMBER HERE			DATE OF BIRTH	
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO.		<input type="checkbox"/> CKC ERN NO. LISTED		____ / ____ / ____ Day Month Year
NUMBER: _____			PLACE OF BIRTH ___ CANADA ___ ELSEWHERE	
BREEDER(S) _____				
SIRE _____				
DAM _____				
REG'D OWNER(S) _____				
OWNER'S ADDRESS _____				
CITY _____		PROV./STATE _____	POSTAL CODE _____	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW _____				
AGENT'S ADDRESS _____				
CITY _____		PROV./STATE _____	POSTAL CODE _____	
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>				
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express			EXPIRY ____/____	
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 _____	
E-MAIL: _____				

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