


OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Italian Greyhound Club of Canada August 1, 2015	OFFICE USE
I ENCLOSE \$ _____ ENTRY FEES \$ _____ LISTING FEES \$ _____			
<i>PLEASE TYPE OR PRINT CLEARLY</i>			
BREED ITALIAN GREYHOUND		___ 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 <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Altered	___ Pre-Paid Catalogue	
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. <input type="checkbox"/> 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 _____
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>			
<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: _____			

OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Italian Greyhound Club of Canada August 2, 2015	OFFICE USE
I ENCLOSE \$ _____ ENTRY FEES \$ _____ LISTING FEES \$ _____			
<i>PLEASE TYPE OR PRINT CLEARLY</i>			
BREED ITALIAN GREYHOUND		___ 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 <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Altered	___ Pre-Paid Catalogue	
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. <input type="checkbox"/> 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 _____
<i>IDs will not be mailed – please supply email address below for entry confirmation</i>			
<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: _____			