



**OFFICIAL CKC ENTRY FORM
ITALIAN GREYHOUND
CLUB OF CANADA**



September 25 _____

Listing Fees _____ Entry Fees _____ Prepaid Catalogue _____

ENTER IN THE FOLLOWING CLASSES:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Brood Bitch |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brace Class | |
| <input type="checkbox"/> 12-18 Month | <input type="checkbox"/> Veteran | <input type="checkbox"/> Parade of Vets | <input type="checkbox"/> Altered |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Stud Dog Class | |

Please Print Clearly

Breed: ITALIAN GREYHOUND **Variety** **Sex**

Registered Name of Dog

Enter number _____	Date of Birth	D___/M___/Y___
<input type="checkbox"/> CKC Reg. No.	Is this a puppy	Yes___ No ___
<input type="checkbox"/> CKC ERN No.	Place of Birth	
<input type="checkbox"/> CKC Misc. Cert. No.	Canada _____	Elsewhere___
<input type="checkbox"/> Listed		

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owners _____

Owners Address _____

City _____ **Province** _____ **PC** _____

Name of Owner's Agent (if any) at the show _____

Agent's Address _____

City _____ **Province** _____ **PC** _____

Mail I.D. to Owner__ or Agent__ _____

Email (for schedule and fax confirmation) _____

Visa/MasterCard No. _____ **expiry** ___/___

Name of card holder- print _____ **Signature** _____

I CERTIFY that I am the registered owner(s) of the dog or that I am authorized agent of the owner(s) whose names I have entered 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 appearing in the Premium list.

Signature of Owner or Agent _____ **Telephone** _____



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