

OFFICE USE



**Official CKC Conformation Entry Form
BORZOI CANADA
REGIONAL SPECIALTY, August 1, 2021**



OFFICE USE

**MAIL TO: Valerie Hansen, 521 Railway Avenue NE, Langdon, AB T0J 1X1
Make Cheques payable to BORZOI CANADA (please write out in full)**

ENTER IN THE FOLLOWING CLASSES:

<u>REGULAR CLASSES</u>		<u>NON-REGULAR & UNOFFICIAL CLASSES</u>	<u>JUVENILE & VETERAN SWEEPSTAKES</u>
<input type="checkbox"/> JR PUPPY <input type="checkbox"/> SR PUPPY <input type="checkbox"/> 12 - 18 MNTHS <input type="checkbox"/> CDN BRED <input type="checkbox"/> BRED BY EXBTR <input type="checkbox"/> OPEN <input type="checkbox"/> VETERANS CLASS	<input type="checkbox"/> SPECIALS ONLY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> EXHIBITION ONLY (4-6 MOS.)	<input type="checkbox"/> BABY PUPPY <input type="checkbox"/> STUD DOG & GET <input type="checkbox"/> BROOD BITCH & PROGENY <input type="checkbox"/> BRACE <input type="checkbox"/> BEST HEAD <input type="checkbox"/> BEST COSTUME <input type="checkbox"/> BEST TROIKA <input type="checkbox"/> BEST FIELD CHAMPION	<input type="checkbox"/> 4-6 MONTHS <input type="checkbox"/> 6-9 MONTHS <input type="checkbox"/> 9-12 MONTHS <input type="checkbox"/> 12-18 MONTHS <u>VETERANS SWEEPSTAKES</u> <input type="checkbox"/> 7-9 YEARS <input type="checkbox"/> 10 + YEARS

Reg'd Name of Dog (CKC Recognized titles ONLY) _____

CHECK ONE AND ENTER #:

CKC REG. NO.
 CKC MISC. CERT. NO.
 CKC ERN NO.
 TCN
 CCN

NUMBER: _____

DATE OF BIRTH

____ / ____ / ____
Day Month Year

PLACE OF BIRTH

CANADA
 ELSEWHERE

ON SHOW DATE IS THIS A PUPPY?

YES NO

**PRE-PAID CATALOGUE(S)
(INDICATE # OF CATALOGUES WANTED)**

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** _____

MAIL ID TO: OWNER AGENT

CARDHOLDER NAME: _____

VISA MASTERCARD AMEX

CARD NO. _____ **EXPIRY** ____ / ____
(Year) (Month)

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 _____

EMAIL: _____