



Official Kennel Club Entry Form



Specialty Entry Form
Saint Bernard Fanciers of Canada Specialty
Saturday April 15, 2017

Prepaid Specialty Catalogue \$8.00 _____ (\$10.00 at show)

Regular entry fees: \$28.00 Listing fees: \$8.90 Non Regular/Sweeps \$15.00 Exhibition: \$15.00

\$	ENTRY	\$	LISTING	\$	TOTAL
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BREED	SAINT BERNARD	VARIETY	SEX
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REGULAR CLASSES		NON REGULAR		SWEEPS	
<input type="checkbox"/> Jr. Puppy	<input type="checkbox"/> Bred By (LH)	<input type="checkbox"/> Altered	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> 6 - 9 months	
<input type="checkbox"/> Sr. Puppy	<input type="checkbox"/> Bred By (SH)		<input type="checkbox"/> Brace	<input type="checkbox"/> 9 - 12 months	
<input type="checkbox"/> 12-15 months	<input type="checkbox"/> Open (LH)		<input type="checkbox"/> Stud Dog	<input type="checkbox"/> 12 - 15 months	
<input type="checkbox"/> 15-18 months	<input type="checkbox"/> Open (SH)		<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> 15 - 18 months	
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Veteran (7-9)			<input type="checkbox"/> Veteran Sweeps	
<input type="checkbox"/> Specials Only	<input type="checkbox"/> Veteran (9 +)		<input type="checkbox"/> Exhibition Only		

REGISTERED NAME _____

Check one ONLY Enter Number Date of Birth Puppy

CKC Reg. No. Day Month Year Yes

CKC ERN No. No

CKC Misc.Cert.No.

Listed Place of Birth [] Elsewhere

Canada

Breeder(s) _____

Sire _____

Dam _____

Reg. Owner(s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name(if any) _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail Confirmation To: [] Owner [] Agent

MAIL ENTRIES TO: AKC, DIANE FAST BOX 75, GRP 4 RR2, LORETTE, MB ROA OYO

VISA/MASTERCARD INFORMATION FAX ENTRIES TO: 204-237-0965 EMAIL ENTRIES TO: speciald@mymts.net

[] VISA [] MASTERCARD CARD NO. _____

EXPIRY DATE _____ / _____ NAME OF CARDHOLDER _____

(Please print)

I certify that I am the registered owner(s) of this dog or that I am the authorized agent of the owner(s) whose name(s) are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

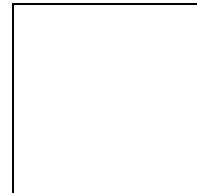
Signature _____ Ph. No. _____ Email _____

PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOU YOUR CONFIRMATION OF ENTRY!



Official Kennel Club Entry Form

Specialty Entry Form
Saint Fanciers Club of Manitoba
Sunday April 16, 2017



Regular entry fees: \$28.00 Listing fees: \$8.90 Non Regular \$15.00 Exhibition: \$15.00

\$	ENTRY	\$	LISTING	\$	TOTAL
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BREED	SAINT BERNARD	VARIETY	SEX
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REGULAR CLASSES

- Jr. Puppy
- Sr. Puppy
- 12-15 months
- 15-18 months
- Canadian Bred
- Specials Only

NON REGULAR

- Bred By (LH)
- Bred By (SH)
- Open (LH)
- Open (SH)
- Veteran (7-9)
- Veteran (10+)
- Altered
- Baby Puppy
- Brace
- Stud Dog
- Brood Bitch
- Exhibition Only

REGISTERED NAME

Check one ONLY	Enter Number	Date of Birth			Puppy
<input type="checkbox"/> CKC Reg. No.		Day	Month	Year	Yes <input type="checkbox"/>
<input type="checkbox"/> CKC ERN No.					No <input type="checkbox"/>
<input type="checkbox"/> CKC Misc.Cert.No.					
<input type="checkbox"/> Listed		Place of Birth			
		<input type="checkbox"/> Canada			<input type="checkbox"/> Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg. Owner(s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name(if any) _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

Mail Confirmation To: Owner Agent

MAIL ENTRIES TO: AKC, DIANE FAST BOX 75, GRP 4 RR2, LORETTE, MB ROA OYO

VISA/MASTERCARD INFORMATION

FAX ENTRIES TO: 204-237-0965 EMAIL ENTRIES TO: speciald@mymts.net

VISA MASTERCARD CARD NO. _____

EXPIRY DATE _____ / _____ NAME OF CARDHOLDER _____
Month Year (Please print)

I certify that I am the registered owner(s) of this dog or that I am the authorized agent of the owner(s) whose name(s) are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

Signature _____ Ph. No. _____ Email _____

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