



OFFICIAL ENTRY FORM **CONFORMATION**
FINNISH LAPPHUND CLUB OF CANADA
SPECIALTY SHOW, SATURDAY AUGUST 27, 2016

I ENCLOSE \$ _____ FOR ENTRY FEES \$ _____ FOR LISTING FEES\$ _____

Please type or print clearly

Breed	Finnish Lapphund		Sex
Enter in the following classes:			
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Brood Bitch & Progeny	<input type="checkbox"/> 3-6 months
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veteran	<input type="checkbox"/> Brace	<input type="checkbox"/> 6-9 months
<input type="checkbox"/> 12-18 month	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Altered	<input type="checkbox"/> 9-12 months
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Exhibition Only		<input type="checkbox"/> 12-18 months
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Exhibition Only 3-6 months		<input type="checkbox"/> 7-10 years
			<input type="checkbox"/> 10+ years

Reg'd.
 Name of Dog: _____

Check one – and – Enter Number here | Date of Birth | Is this a puppy?
 CKC Reg. No. | D M Y | Yes No
 CKC ERN No.
 CKC Misc. No. | Place of Birth
 Listed
 CCN | Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd. Owner(s) _____

Owner's Address _____

City | Prov. | Postal Code

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

Agent's Address _____

City | Prov. | Postal Code

ID's will not be mailed. Please provide email address below for entry confirmation

DOGSHOW.CA TOLL-FREE FAX ENTRIES: 1-877-993-6879

Visa Master Card American Express

 Name of Card Holder: _____ Expiry Date /

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 NO.
 E-Mail _____ (Please print clearly)



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