



FAST DASH

Canadian Silken Windhound Society

Sunday AM ____ Sunday PM ____

I Enclose \$ _____ for Entry Fees \$ _____

PLEASE TYPE OR PRINT CLEARLY

Breed:

Call Name:

Registered Name of Dog:

Check one and enter number

Enter number:

_____ ISWS Registration Number

PLACE OF BIRTH

CANADA _____

USA _____

ELSEWHERE _____

DATE OF BIRTH

____/____/____
Day Month Year

Breeder(s)

Sire

Dam

Reg'd Owner(s)

Owner's Address

City Prov PC

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

Agent's Address

City Prov PC

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 International Silken Windhound Society and by any additional rules and regulations in the premium list.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.

E-MAIL ADDRESS: