OFFICE USE



## OFFICIAL CANADIAN KENNEL CLUB CONFORMATION & SWEEPSTAKES ENTRY FORM FCRSC Specialty July 15 & 16, 2016



OFFICE USE

Entries Close: June 29, 2016 @9:00 pm PST	I enclose	Entry Fees	Listing Fees	Catalogue	Tot	al	
PLEASE TYPE OR PRINT CLEARLY  Classic Show Services, #68-30989 Westridge Place, Abbotsford, BC V2T 0ET On-line entry at www.classicshowservices.ca	I enclose	\$	\$	\$	\$		
### Confine entry at www.classics.bowservices.ca  ### On-line entry at www.classics.bowservices.ca  ### MALE ### MALE ### FEMALE  ### ENTER IN THE FOLLOWING CLASSES:  ### JUNIOR PUPPY	Entries Close: June 29, 2016 @9:00 pm PST Make Cheques Payable to FCRSC Specialty 2016 and mail to:						
ENTER IN THE FOLLOWING CLASSES:  JUNIOR PUPPY  7 - 9 VETERANS CLASS JUNIOR PUPPY SWEEPS EXHIBITION ONLY  SENIOR PUPPY  9 -11 VETERANS CLASS SENIOR PUPPY SWEEPS							
ENTER IN THE FOLLOWING CLASSES:  JUNIOR PUPPY  7 - 9 VETERANS CLASS JUNIOR PUPPY SWEEPS EXHIBITION ONLY  SENIOR PUPPY  9 -11 VETERANS CLASS SENIOR PUPPY SWEEPS  12 - 18 MONTHS 11 AND OVER VETERANS 12 - 18 MONTH SWEEPS CATALOGUE PAID  CANADIAN BRED STUD DOG & GET BRED BY EXHIBITIOR BRACD BRACE 9 - 11 VETERANS SWEEPS SPECIALS ONLY FIELD DOG 11 PLUS VETERAN SWEEPS ALTERED WORKING DOG BABY PUPPY  REGISTERED NAME OF DOG  CHECK ONE - AND-ENTER NUMBER OKC MISC CERT LISTED  Month Day Year  PLACE OF BIRTH A PUPPY?  CKC REG # CKC REG # CKC REN CKC MISC CERT # LISTED  DAM  REG'D OWNER(S)  OWNER'S ADDRESS  CITY PROVISTATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED: OWNER eighered owner(s) of the dog or that I am the authorized agent of the owne(s) whose name(s) I have entered above and accept I consideration of the enter(s) whose name(s) I have entered above and accept I consideration of the enter(s) whose name(s) I have entered above and accept I consideration of the enter(s) whose name(s) I have entered above and accept I consideration of the enter(s) whose name(s) I have entered above and accept I consideration of the acceptance of this entry, (s) whose name(s) I have entered above and accept I consideration of the acceptance of this entry, (s) whose name(s) I have entered above and accept					MALE		
JUNIOR PUPPY					FEMALE		
SENIOR PUPPY 9-11 VETERANS CLASS SENIOR PUPPY SWEEPS 12-18 MONTHS 11 AND OVER VETERANS 12-18 MONTH SWEEPS CATALOGUE PAID CANADIAN BRED STUD DOG & GET BRAD BY EXHIBITOR BRADE SPECIALS ONLY FIELD DOG BRACE 9-11 VETERANS SWEEPS SPECIALS ONLY FIELD DOG BRACE 9-11 VETERANS SWEEPS SPECIALS ONLY FIELD DOG BRADY PUPPY  REGISTERED NAME OF DOG  CHECK ONE -AND-ENTER NUMBER OKC REG # CKC REG # CKC REG # CKC REG # CKC MISC CERT # LISTED  NUMBER:  DATE OF BIRTH A PUPPY?  YESNO  PLACE OF BIRTH CANADA ELSEWHERE  BREEDER(S)  SIRE  DAM  REG'D OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  MARE OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED: OWNER of the dog or that I am the authorized agent of the owner(s) hove name(s) I have entered above and accept dit reports before and regulations of the socceptance of this entry, I (we) agree to be bound by the rules and regulations	ENTER IN THE FOLLOWING CLASSES:						
12 - 18 MONTHS	JUNIOR PUPPY 7 – 9 VETERANS CLASS JUNI				OR PUPPY SWEEPS	EXHIBITION ONLY	
CANADIAN BRED STUD DOG & GET  BRED BY EXHIBITOR BROOD BITCH & PROGENY 7 - 9 VETERAN SWEEPS  OPEN BRACE 9-11 VETERANS SWEEPS  SPECIALS ONLY FIELD DOG 11 PLUS VETERAN SWEEPS  ALTERED WORKING DOG  BABY PUPPY  REGISTERED NAME OF DOG  CHECK ONE -AND-ENTER NUMBER DATE OF BIRTH A PUPPY?  CKC REG # CKC ERN LISTED AND PLACE OF BIRTH A PUPPY?  WORKING CERT # LISTED AND PLACE OF BIRTH A PUPPY?  WORKING CERT # LISTED AND PLACE OF BIRTH CANADA ELSEWHERE  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  EMAIL ADDRESS REQUIRED: OWNER AGENT  (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED: OWNER AGENT  (III 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	SENIOR PU	SENIOR PUPPY 9 -11 VETERANS CLASS SEN			OR PUPPY SWEEPS		
BRED BY EXHIBITOR BRACE 9-11 VETERAN SWEEPS OPEN BRACE 9-11 VETERAN SWEEPS SPECIALS ONLY FIELD DOG 11 PLUS VETERAN SWEEPS ALTERED WORKING DOG BABY PUPPY  REGISTERED NAME OF DOG  CHECK ONE -AND-ENTER NUMBER DATE OF BIRTH ON SHOW DATE IS THIS A PUPPY?  CKC REG # CKC ERN CKC MISC CERT # LISTED Month Day Year YES NO  NUMBER: PLACE OF BIRTH CANADA ELSEWHERE  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  EMAIL ADDRESS REQUIRED: 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	12 – 18 MONTHS 11 AND OVER VETERANS 12 – 18 MONTH SWEEPS C					CATALOGUE PAID	
OPEN BRACE 9 9-11 VETERANS SWEEPS SPECIALS ONLY FIELD DOG 11 PLUS VETERAN SWEEPS ALTERED WORKING DOG BABY PUPPY  REGISTERED NAME OF DOG  CHECK ONE - AND- ENTER NUMBER DATE OF BIRTH A PUPPY?  CKC REG # CKC ERN LISTED Month Day Year YES NO  PLACE OF BIRTH NUMBER: PLACE OF BIRTH CANADA ELSEWHERE  DAM  REG'D OWNER(S)  OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED: OWNER AGENT LICERTIFY 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	CANADIAN BRED STUD DOG & GET						
SPECIALS ONLY FIELD DOG 11 PLUS VETERAN SWEEPS  ALTERED WORKING DOG BABY PUPPY  REGISTERED NAME OF DOG  CHECK ONE -AND- ENTER NUMBER DATE OF BIRTH A PUPPY?  CKC REG # CKC ERN JOHN JOHN DAY Year YES NO  NUMBER: PLACE OF BIRTH CANADA ELSEWHERE  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  EMAIL ADDRESS REQUIRED: OWNER(S) It 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	BRED BY EXHIBITOR BROOD BITCH & PROGENY 7 - 9 VETERAN SWEEPS						
ALTERED WORKING DOG BABY PUPPY  REGISTERED NAME OF DOG  CHECK ONE -AND-ENTER NUMBER DATE OF BIRTH A PUPPY?  CKC REG # CKC ERN Year YES NO  CKC MISC CERT # LISTED Month Day Year PLACE OF BIRTH NUMBER: CANADA ELSEWHERE  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  EMAIL ADDRESS REQUIRED: OWNER AGENT (IF ANY) AT THE SHOW AGENT AGENT AGENT (IF ANY) AT THE SHOW AGENT AGEN	OPEN BRACE9 -11 VETERANS SWEEPS						
REGISTERED NAME OF DOG  CHECK ONE -AND- ENTER NUMBER  CKC REG # CKC ERN LISTED  Month Day Year  PLACE OF BIRTH CANADA ELSEWHERE  BREEDER(S)  SIRE  DAM  REG'D OWNER(S)  OWNER'S ADDRESS  CITY  PROVISTATE  POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:  DAW ON SHOW DATE IS THIS A PUPPY?  YES NO  PLACE OF BIRTH CANADA ELSEWHERE  PROVISTATE  POSTAL CODE  AGENT  LISTED  OWNER'S AGENT (IF ANY) AT THE SHOW  LISTED  OWNER AGENT  CITY  PROVISTATE  OWNER AGENT  LISTED  OWNER AGENT	SPECIALS ONLY FIELD DOG 11 PLUS VETERAN SWEEPS						
CHECK ONE -AND- ENTER NUMBER  CKC REG # CKC MISC CERT # LISTED  NUMBER:  DATE OF BIRTH A PUPPY?  YES NO  PLACE OF BIRTH CANADA ELSEWHERE  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  EMAIL ADDRESS REQUIRED:  OWNER AGENT  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	ALTERED WORKING DOG						
CHECK ONE -AND- ENTER NUMBER  CKC REG # CKC ERN LISTED  Month Day Year  PLACE OF BIRTH  NUMBER:  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  EMAIL ADDRESS REQUIRED:  OWNER AGENT  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			BABY PUPPY				
CHECK ONE -AND- ENTER NUMBER  CKC REG # CKC ERN LISTED  Month Day Year  PLACE OF BIRTH  NUMBER:  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  EMAIL ADDRESS REQUIRED:  OWNER AGENT  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	REGISTERED NAME OF DOG						
CKC REG #CKC ERNLISTED							
CKC MISC CERT # LISTED Month Day Year YES NO  PLACE OF BIRTH CANADA ELSEWHERE  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  EMAIL ADDRESS REQUIRED: OWNER AGENT  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	CILCR	JINE -AND- LIVI	EK NOMBEK	DATE	JE BIKTTI		
NUMBER:  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  EMAIL ADDRESS REQUIRED:  OWNER  AGENT  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						YESNO	
SIRE  DAM  REG'D OWNER(S)  OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:OWNERAGENT  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							
SIRE  DAM  REG'D OWNER(S)  OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:OWNERAGENT  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	<u>.</u>						
REG'D OWNER(S)  OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:OWNERAGENT  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	BREEDER(S)						
REG'D OWNER(S)  OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED: OWNER AGENT  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	SIRE						
OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:OWNERAGENT  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	DAM						
OWNER'S ADDRESS  CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:OWNERAGENT  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							
CITY PROV/STATE POSTAL CODE  NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:OWNERAGENT  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	LEO D OMNEU(9)						
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:  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	OWNER'S ADDRESS						
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:  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							
(IF ANY) AT THE SHOW  EMAIL ADDRESS REQUIRED:  OWNER  AGENT  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					PROV/STATE	POSTAL CODE	
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							
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	EMAIL ADDRESS REQUIRED: OWNER AGENT						
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			or(s) of the dea or that I	am the authorized exect of			
	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						
SIGNATURE OF OWNER OR AGENT TELEPHONE NUMBER							