

OFFICIAL ENTRY FORM NATIONAL SPECIALTY CONFORMATION SHOW NEWFOUNDLAND DOG CLUB OF CANADA

Sweepstakes – Friday / Specialty Show - Saturday
Prepaid Catalogue ___ Dinner Reservations \$48.00 x ___

I ENCLOSE	_FOR ENTRY FEES	FOR LISTING FEES		
Breed NEWFOUN	DLAND		☐ Male ☐ Female	
☐ Junior Puppy ☐ Senior Puppy ☐ 12-15 Month ☐ 15-18 Month ☐ Canadian Bred ☐ Bred by Exhibitor ☐ Field Reg'd Name	Open Black Open Landseer Veteran 7-8 yrs Veteran 8-9 yrs Veteran 9 + yrs Specials Only Exhibition Only 3-6 months Exhib Only	Non Reg Classes Stud Dog Brood Bitch Brace Baby Puppy Altered Parade Veterans Parade Titlists	Juv Sweepstakes □ 3-6 mo □ 6-9 mo □ 9-12 □ 12-15 □ 15-18 Vet Sweepstakes □ 7-8yrs □ 8-9 yrs □ 9 + yrs	
of Dog				
Check One - and - Ent CKC Reg. No. CKC ERN No. TCN No. Listed	er Number here Da D	te of Birth M Y Place of Bi Cana		
Breeder(s)				
Sire				
Dam				
Reg'd Owner(s)				
Owner's Address				
City	Pr	ov. Postal Code		
Name of Owner's Agent (if any) at the Show				
Agent's Address				
City	Pr	ov. Postal Code		
Mail I.D. to:	Owner	<u> </u>		
DOGSHOW TOLL FREE FAX ENTRIES Fax: (877) 993-6879				
Visa Mastercard_	Card No		Expiry/	
Name of Card Holder:				
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 OWN	ER OR AGENT	TELEPHONE NU	MBER	
E-mail		р	lease print clearly	



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Reg'd. Name of Dog:			
Check one - and - Enter CKC Reg. No. CKC ERN No. CKC TCN No. Listed	'	ate of Birth M Y Place of B □Canada	
Breeder(s)			
Sire			
Dam			
Reg'd owner(s)			
Owner's Address			
City		Prov. Post	al Code
Name of Owner's Age	ent (if any) at the show		
Agent's Address			
City		Prov. Po	stal Code
	wner Agent		
	HOW TOLL FREE FAX		
Visa Mastercard _	Card No	Ex	piry Date/
Name of Card Holder:			
whose name(s) I have ent consideration of the acce	registered owner(s) of the tered above and accept full ptance of this entry, I(we) and by any additional rules a	responsibility for all staten agree to be bound by the ru	nents made in this entry. I les and regulations of the
SIGNATURE OF OWN	JER OR AGENT	TELEPHONE N	UMBER
E-mail :			Please print clearly