



ASSOCIATION CANINE CHARLEVOISIENNE

Conformation

- Saturday May 6 AM
- Saturday May 6 PM
- Sunday May 7 AM
- Sunday May 7 PM

MAIL TO :

Pascale Pontois
 1890, Rg des Chutes
 Ste Ursule (Qc), J0K 3M0
 Catalog \$8.00 (pre-ordered only)

ENTRIES CLOSE : APRIL 19 , 9:00 PM

| | | |
|---|--|---|
| BREED | VARIETY | SEX |
| CONFORMATION <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Special Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Exhibition Only | | |
| REG. NAME OF DOG | | |
| CHECK ONE <input type="checkbox"/> CKC REG. NO <input type="checkbox"/> CKC MISC. CERT. NO <input type="checkbox"/> CKC ERN NO <input type="checkbox"/> LISTED ENTER NUMBER HERE _____ | DATE OF BIRTH D M Y _____ | PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE |
| BREEDER(S) | | |
| SIRE | | |
| DAM | | |
| REG'D OWNER(S) | | |
| OWNER'S ADDRESS | | |
| CITY | PROV. | PC |
| NAME OF OWNER'S AGENT | | |
| AGENT'S ADDRESS | | |
| CITY | PROV | PC |
| MAIL I.D. TO <input type="checkbox"/> OWNER OR <input type="checkbox"/> AGENT | | |
| • VISA • MASTERCARD 3 chiffres contrôle Arrière _____ CARTE # _____ DATE D'EXPIRATION ____/____/____ NOM DU TITULAIRE DE LA CARTE _____ | | |

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 Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.