



OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Finnish Lapphund Club of Canada June 2, 2017 Show Secretary: Erin Verwey – 243 Mahogany Landing SE, Calgary AB T3M 1X4 Please make checks payable to the Finnish Lapphund Club of Canada		OFFICE USE
_____ Entry Fee _____ Listing Fee _____ Prepaid Catalogue _____ Total				
PLEASE TYPE OR PRINT CLEARLY				
BREED			_____ VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES: CONFORMATION				
<input type="checkbox"/> BABY PUPPY <input type="checkbox"/> SPECIALS ONLY <input type="checkbox"/> BRACE <input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> STUD DOG & GET <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> BROOD BITCH & PROGENY <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> VETERANS <input type="checkbox"/> ALTERED <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> VETERAN SWEEPS <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> JUVENILE SWEEPS <input type="checkbox"/> OPEN				
REG. NAME OF DOG				
CHECK ONE - AND - ENTER NUMBER BELOW <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> LISTED		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER:		CANADA	PLACE OF BIRTH 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				
AGENT'S ADDRESS				
CITY		PROV./STATE	POSTAL CODE	
<u>IDs will not be mailed – please supply email address below for entry confirmation</u>				
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD CARD NO. _____ EXPIRY ____/____/____ CARDHOLDER NAME (PLEASE PRINT) _____				
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				
E-MAIL:		TELEPHONE NUMBER		