



**OFFICIAL ENTRY FORM  
REGIONAL SPECIALTY CONFORMATION SHOW  
NEWFOUNDLAND DOG CLUB OF CANADA**

**Sunday August 28, 2016**

**Prepaid Catalogue**

<b>I ENCLOSE \$</b>	<b>FOR ENTRY FEES \$</b>	<b>FOR LISTING FEES \$</b>	
<b>Breed</b>	<b>NEWFOUNDLAND</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Field	Non Reg Classes	<b>Juv Sweepstakes</b>
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veteran 7-9 years	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> 3-6 mo
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Veteran 9 + years		<input type="checkbox"/> 6-9 mo <input type="checkbox"/> 9-12
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Specials Only		<input type="checkbox"/> 12-18
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Exhibition Only		<b>Vet Sweepstakes</b>
<input type="checkbox"/> Open Black	<input type="checkbox"/> 3-6 months Exhib Only		<input type="checkbox"/> 7 - 9 yrs
<input type="checkbox"/> Open Landseer			<input type="checkbox"/> 9 + yrs

Reg'd Name \_\_\_\_\_  
of Dog \_\_\_\_\_

Check One - and - Enter Number here	Date of Birth	Is this a Puppy?
<input type="checkbox"/> CKC Reg. No.	D M Y	YES NO
<input type="checkbox"/> CKC ERN		
<input type="checkbox"/> Listed	<u>Place of Birth</u>	
	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ | Prov. \_\_\_\_\_ |Postal Code \_\_\_\_\_

Name of Owner's Agent (if any) at the Show \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ | Prov. \_\_\_\_\_ |Postal Code \_\_\_\_\_

Mail I.D. to:  Owner  Agent

<b>DOGSHOW TOLL FREE FAX ENTRIES</b>	<b>Fax: (877) 993-6879</b>
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 OWNER OR AGENT** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

**E-mail** \_\_\_\_\_ Please print clearly



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Breeder(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

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Owner's Address \_\_\_\_\_

City \_\_\_\_\_ | Prov. \_\_\_\_\_ |Postal Code \_\_\_\_\_

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City \_\_\_\_\_ | Prov. \_\_\_\_\_ |Postal Code \_\_\_\_\_

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