



Shiba Inu Canada Regional

Saturday, September 26, 2015

ENTRIES CLOSE: WEDNESDAY - SEPTEMBER 9, 2015 @ 6:00pm PDT

Phone
(204) 878-9761

All fees payable to and mailed to
**Shiba Inu Canada c/o C & D Show Services
Box 75, Group 4, RR#2 Lorette, MB R0A 0Y0**

Fax
(204) 237-0965

Entry Fees \$ _____ Listing Fees \$ _____ Catalogue \$ _____ Total \$ _____

Enter in the following classes:

- Junior Puppy (\$20)
- Senior Puppy (\$20)
- 12 to 18 months (\$27)
- Canadian-Bred (\$27)
- Bred By Exhibitor (\$27)
- Open (\$27)
- Specials (\$27)
- Veteran (\$20)
- Exhibition Only (\$10)

Non-regular classes:

- Baby Puppy Class (\$20)

Breed SHIBA INU

Sex _____

Reg'd Name of Dog _____

Check One and Enter Number Here

- CKC Reg. No.
- CKC ERN Number
- CKC PEN Number
- CKC Misc. Cert. No.
- Listed (No CKC/ERN/PEN No.)

Date of Birth

M _____ D _____ Y _____

Is this a Puppy?

Yes No

Place of Birth

Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner _____

Owner's Address _____

City/Prov/Country _____ P.Code _____

Agent (if any) _____

Agent's Address _____

City/Prov/Country _____ P.Code _____

Mail acknowledgements to (check one only): OWNER or 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 agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in this premium list. I also agree by supplying my credit card number that I hereby allow Manitoba K9 Assoc. to charge my entry fees plus a 10% handling fee to my credit card.

(check one only)



Credit Card # _____ Exp.Date _____

Name of Cardholder _____

(Please print or type clearly)

Signature of Owner/Agent _____ Ph.# () _____

Email address: _____