

OFFICE
USE

OFFICIAL CANADIAN KENNEL CLUB
**CONFORMATION &
 SWEEPSTAKES ENTRY FORM**
FCRSC Specialty
July 15 & 16, 2016

OFFICE
USE

I enclose

Entry Fees

Listing Fees

Catalogue

Total

\$ _____

\$ _____

\$ _____

\$ _____

Entries Close: June 29, 2016 @9:00 pm PST **Make Cheques Payable to FCRSC Specialty 2016 and mail to:**

PLEASE TYPE OR PRINT CLEARLY

Classic Show Services, #68-30989 Westridge Place, Abbotsford, BC V2T 0E7
On-line entry at www.classicshowservices.ca

BREED Flat-coated Retriever MALE FEMALE

ENTER IN THE FOLLOWING CLASSES:

<input type="checkbox"/> JUNIOR PUPPY	<input type="checkbox"/> 7 - 9 VETERANS CLASS	<input type="checkbox"/> JUNIOR PUPPY SWEEPS	<input type="checkbox"/> EXHIBITION ONLY
<input type="checkbox"/> SENIOR PUPPY	<input type="checkbox"/> 9 -11 VETERANS CLASS	<input type="checkbox"/> SENIOR PUPPY SWEEPS	
<input type="checkbox"/> 12 - 18 MONTHS	<input type="checkbox"/> 11 AND OVER VETERANS	<input type="checkbox"/> 12 - 18 MONTH SWEEPS	<input type="checkbox"/> CATALOGUE PAID
<input type="checkbox"/> CANADIAN BRED	<input type="checkbox"/> STUD DOG & GET		
<input type="checkbox"/> BRED BY EXHIBITOR	<input type="checkbox"/> BROOD BITCH & PROGENY	<input type="checkbox"/> 7 - 9 VETERAN SWEEPS	
<input type="checkbox"/> OPEN	<input type="checkbox"/> BRACE	<input type="checkbox"/> 9 -11 VETERANS SWEEPS	
<input type="checkbox"/> SPECIALS ONLY	<input type="checkbox"/> FIELD DOG	<input type="checkbox"/> 11 PLUS VETERAN SWEEPS	
<input type="checkbox"/> ALTERED	<input type="checkbox"/> WORKING DOG		
	<input type="checkbox"/> BABY PUPPY		

REGISTERED NAME OF DOG**CHECK ONE -AND- ENTER NUMBER**

CKC REG # CKC ERN
 CKC MISC CERT # LISTED

DATE OF BIRTH

____ / ____ / ____
 Month Day Year

**ON SHOW DATE IS THIS
A PUPPY?** YES NO**NUMBER:****PLACE OF BIRTH** CANADA 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****EMAIL ADDRESS REQUIRED:****OWNER****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 (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 _____