

## Saskatoon Area Shetland Sheepdog Assoc. Specialty

Make cheques payable to: Saskatoon & Area Shetland Sheepdog Association

Mail Entries to Show Sec, Pat Button, 421 - 112<sup>th</sup> Street, Saskatoon SK S7N 1V7

PREORDERED CATALOGUE  BANQUET TICKETS X \_\_\_\_\_

I Enclose \$ \_\_\_\_\_ For Entry Fees \$ \_\_\_\_\_ For Listing Fees \$ \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY

<b>Breed:</b> <i><b>SHETLAND SHEEPDOG</b></i>	<b>Sex:</b>		
Enter in the following Class:	<u>Unofficial</u>	<u>Juv. Sweeps</u>	<u>Vet. Sweeps</u>
<input type="checkbox"/> Junior Puppy <input type="checkbox"/> Open	<input type="checkbox"/> Brace	<input type="checkbox"/> 3-6 mos	<input type="checkbox"/> 7-9 yrs
<input type="checkbox"/> Senior Puppy <input type="checkbox"/> Veterans	<input type="checkbox"/> Stud Dog & G	<input type="checkbox"/> 6-9 mos	<input type="checkbox"/> 9+ yrs.
<input type="checkbox"/> 12 – 18 mos. <input type="checkbox"/> Specials Only	<input type="checkbox"/> Brood Bitch & P.	<input type="checkbox"/> 9-12 mos	
<input type="checkbox"/> Canadian Bred <input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> 12-18 mos	
<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Parade of Title Holders		

Reg'd.

Name of Dog

Check One - and - Enter Number here <input type="checkbox"/> CKC Reg.#. <input type="checkbox"/> CKC ERN # <input type="checkbox"/> CKC Misc. Cert. # <input type="checkbox"/> Listed <input type="checkbox"/> ERN #	Date of Birth D _____ M _____ Y _____	Is this a puppy? Yes ___ 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. \_\_\_\_\_ | Postal Code \_\_\_\_\_

Name of Owner's Agent

Agent's Address

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

Mail I.D. to:  Owner  Agent IDs will not be mailed – please supply email address below for entry confirmation.

CARD TYPE \_\_\_\_\_ DOGSHOW TOLL FREE FAX ENTRIES 877-993-6879

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 the 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 plainly

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Breeder(s)

Sire

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Owner's Address

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

Name of Owner's Agent

Agent's Address

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