



SPECIALTY SHOW: ONTARIO BOUVIER DES FLANDRES CLUB

Total: \$ _____ Entry Fees: \$ _____ Listing Fees: \$ _____ Catalog: \$ _____
 Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | | |
|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Veteran | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Altered | <input type="checkbox"/> Stud Dog |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Brood Bitch |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Specials Only | | |

Reg.Name of Dog _____

Check One and Enter Number Here

- | | | | |
|--|-------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> CKC Reg.No. | Date of Birth | <input type="checkbox"/> YES | Is this a Puppy? |
| <input type="checkbox"/> CKC ERN No. | D ___ M ___ Y ___ | <input type="checkbox"/> NO | |
| <input type="checkbox"/> CKC Misc.Cert.No. | | | Place of Birth |
| <input type="checkbox"/> Listed (no C.K.C.No.) | | <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 _____

Email I.D. to:

Owner

Agent

 SIGNATURE OF OWNER OR AGENT

 TELEPHONE NUMBER

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.

E-mail _____

FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security Code _____