

Saskatoon Area Shetland Sheepdog Assoc. Specialty

Make cheques payable to: Saskatoon & Area Shetland Sheepdog Association

Mail Entries to Show Sec, Pat Button, 421 - 112th Street, Saskatoon SK S7N 1V7 PREORDERED CATALOGUE BANQUET TICKETS X _____

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

PLEASE TYPE OR PRINT CLEARLY

Breed:	<i>SHETLAND SHEEPDOG</i>			Sex:
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

 CKC Reg.#. CKC ERN # CKC Misc. Cert. # Listed ERN #

Date of Birth

D _____ M _____ Y _____

Is this a puppy?

Yes ___ No ___

Place of Birth

 Canada 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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City _____

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