

**FRENCH BULLDOG FANCIERS OF CANADA**

**SATURDAY, MAY 12, 2018**

**SPECIALTY SHOW**

Mail to: Diana Edwards Show Services  
1562 Route 203, Howick, Qc J0S 1G0

Total Fees: \$ \_\_\_\_\_  Pre-Ordered Catalogue \_\_\_\_\_

Breed	FRENCH BULLDOG		Variety	Sex
Enter in the following classes:		<input type="checkbox"/> Open – Pied & White	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Sweeps 6-9 mths
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Veteran 7- under 9 years	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> Sweeps 9-12 mths
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Veteran 9+ years	<input type="checkbox"/> Altered	<input type="checkbox"/> Sweeps 12-18 mths
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open - Brindle	<input type="checkbox"/> Specials Only		<input type="checkbox"/> Veteran Sweeps 7-9 years
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Open - Fawn	<input type="checkbox"/> Brace		<input type="checkbox"/> Veteran Sweeps 9+ years

Reg.Name of Dog \_\_\_\_\_

Check One and Enter Number Here	Date of Birth	Is this a Puppy?
<input type="checkbox"/> CKC Reg.No.	D ___ M ___ Y ___	YES NO
<input type="checkbox"/> CKC ERN No.		
<input type="checkbox"/> CKC Misc.Cert.No.	Place of Birth	
<input type="checkbox"/> Listed (no C.K.C.No.)	Canada Elsewhere	

Breeder (s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Registered Owner (s) \_\_\_\_\_

Owner (s) Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Owner's Agent (if any) at the show \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ 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 / EMAIL SERVICES - VISA / MASTERCARD / AMEX / E-TRANSFER - (450) 825-0894, [diana@dess.ca](mailto:diana@dess.ca)**

Cardnumber: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ **Security Code** \_\_\_\_\_