

Saskatoon Area Shetland Sheepdog Assoc. Specialty

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Make cheques payable to: Saskatoon & Area Shetland Sheepdog Association

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

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PREORDERED CATALOGUE BANQUET TICKETS X _____

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

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PLEASE TYPE OR PRINT CLEARLY

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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		

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Reg'd.
Name of Dog

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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	

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Breeder(s)

Breeder(s)

Sire

Sire

Dam

Dam

Reg'd. Owner(s)

Reg'd. Owner(s)

Owner's Address

Owner's Address

City _____ | Prov. _____ | Postal Code _____

City _____ | Prov. _____ | Postal Code _____

Name of Owner's Agent

Name of Owner's Agent

Agent's Address

Agent's Address

City _____ | Prov. _____ | Postal Code _____

City _____ | Prov. _____ | Postal Code _____

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

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CARD TYPE _____ DOGSHOW TOLL FREE FAX ENTRIES 877-993-6879
Card No. _____ Expiry ____/____
Name of Card Holder _____

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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.

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SIGNATURE OF OWNER OR AGENT ()
TELEPHONE NUMBER

SIGNATURE OF OWNER OR AGENT ()
TELEPHONE NUMBER

E-mail _____ Please print plainly

E-mail _____ Please print plainly