

SIGNATURE OF OWNER OR AGENT

Email:

OFFICIAL CANADIAN KENNEL CLUB FORM CONFORMATION

ALBERTA BOUVIER DES FLANDRES CLUB

-

TELEPHONE NO.

DATES: SPEC	SPECIALTY SHOW				
Sunday, June 4, 2	2017	ENTRY FEES LISTING FEES CATALOGUE TOTAL enclosed	s _ s _ s =		
BREED OUNCE SHEET	(*)	() BABY P	UPPY	\$	SEX:
) JUNIOR PUPPY () SENIOR PUPPY () BRED BY EX) OPEN) VETERANS) SPECIALS ON) EXHIBITION	NLY	() SIR () DA () SEX	BY PUPI E & GET M & PRO (UALLY EEPSTA	GENY ALTERED
REG. NAME OF DOG			***************************************	***************************************	
Check One - and - Enter Number Here [] CKC Reg. No. [] CKC ERN No. [] CKC Misc. Cert. No.	D_	Date of Birth M	Y	Is This	s a Puppy? No []
[] Listed		37117N	Canada	[] Els	ewhere
BREEDER (S)					
SIRE				· . · · ·	an activity
DAM		-0.000000000000000000000000000000000000			
Reg'd. Owner (s)					
Owner's Address					
City	Prov.		Posta	l Code	
Name of Owner's Agent (if any) at the s	how				
Agent's Address					
Сну	Prov.		Posta	l Code	
MAIL I.D. TO: [] OWNER OR	[] AGENT (C	NLY 1 I.D. MAI	LED		e and a superior of
FAX ENTRIES ONLY: () VIS	A		• .		
CARD#			EXPIR	Y DATE _	
CARD HOLDER NAME (Please print)		<u> </u>			
I CERTIFY that I am the registered ownest; whose name(s) I have entered above and a consideration of the acceptance of this ent Kennel Club, and by any additional rules as	scept full responsi ry, I(we) agree to be	bility for all states bound by the re	ments mad des and re	o in this on	try. In



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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nday, June 4, 2		ENTRY LISTING CATALO TOTAL	FEES OGUE	s s s			
BREED		110163	(;) B	ABY PUP	PPY	SE	X:	
) JUNIOI) SENIOI) 12 TO 1		OPEN OVETER SPECIAL	BY EXHIBITO ANS ALS ONLY BITION ONLY	() SEXU		LTERED	
REG. NAM	E OF DOG							
Check One -		Y .	Date of	Birth Y		Is This a	Puppy? No []	
[] CKC Mis [] Listed				Place of	A Leading 10	() Elsew	here	
BREEDER (S	5)							
SIRE	21 : 22							
DAM								
Reg'd. Own	or (s)							
Owner's Add	fress							
City		Pr	ov.	Postal Code				
Name of Ow	nor's Agent (if any) at the	show						
Agent's Add	ress							
City		Pr	ov.		Postal C	ode		
MAIL I.D. TO	: [] OWNER OR	[] AC	SENT (ONLY 1	.D. MAILED				
FAX ENTRIE	SONLY: []	VISA						
CARD#					EXPIRY (ATE	7	
CARD HOLE	DER NAME (Please print)							
whose name; consideration	eat I am the registered own (s) I have entered above as of the acceptance of this and by any additional rule	nd accept full r ontry, I(we) ag	responsibility for ree to be bound	all statemen by the rules	ts made in and regul	n this ontry.	. In	