



Finnish Lapphund Club of Canada
National Specialty 2020

Official Entry Form

Specialty Show

**FINNISH LAPPHUND CLUB OF CANADA
NATIONAL SPECIALTY**

Friday, July 1, 2022

**Mail Entries to: Portage Kennel Club c/o Tammy Dunbar, 701 Fisher Ave E,
Portage la Prairie, MB R1N 0G3**

Closing Date: Thursday, June 16, 2022

Do not write above

Entry \$ _____

Listing \$ _____

Cat./Power \$ _____

Total \$ _____

Breed: **FINNISH LAPPHUND** Variety: _____ Sex: _____

CLASSES ENTERED		SWEEPS	
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Baby Puppy	<u>Juvenile</u>	<u>Veterans</u>
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Veteran 7-9 yrs	<input type="checkbox"/> 6-9 mon	<input type="checkbox"/> 7-9 years
<input type="checkbox"/> 12-18 Month	<input type="checkbox"/> Veteran 9 & over yrs	<input type="checkbox"/> 9-12 mon	<input type="checkbox"/> 9 & over years
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Brace	<input type="checkbox"/> 12-18 mon	
<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Altered		
<input type="checkbox"/> Open	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Brood Bitch	
<input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only		

REGISTERED NAME OF DOG _____

<input type="checkbox"/> CKC Registration #	<input type="checkbox"/> CKC Miscellaneous #	Insert Number Here: _____
<input type="checkbox"/> CKC ERN #	<input type="checkbox"/> TCN # (Listed)	
<input type="checkbox"/> CKC PEN #		Place of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
Date of Birth: dd ____ mm ____ yy ____		Puppy: <input type="checkbox"/> Yes <input type="checkbox"/> No

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____ City _____ Prov _____ Postal Code _____

Agent's Name _____

Agent's Address _____ City _____ Prov _____ Postal Code _____

Mail ID to: _____ Owner _____ Agent _____

FAX ENTRIES INFORMATION

CC# _____ Expiry Date ____/____/____ CCV Code _____

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 this entry. In consideration 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

Email