



**OFFICIAL ENTRY FORM  
SASKATCHEWAN REGIONAL SPECIALTY CONFORMATION SHOW  
NEWFOUNDLAND DOG CLUB OF CANADA**

**Saskatchewan Region  
Sunday September 2nd, 2018**

**Prepaid Catalogue**

**I ENCLOSE \$ \_\_\_\_\_ FOR ENTRY FEES \$ \_\_\_\_\_ FOR LISTING FEES \$ \_\_\_\_\_**

**Breed NEWFOUNDLAND  Male  Female**

- |  |  |                                     |   |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Veteran 7-9 years     | Non Reg Classes                     | <input type="checkbox"/> <b>Juv Sweepstakes</b>               |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Veteran 9 + years     | <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> 3-6 mo                               |
| <input type="checkbox"/> 12-18 Month       | <input type="checkbox"/> Specials Only         | <input type="checkbox"/> Altered    | <input type="checkbox"/> 6-9 mo <input type="checkbox"/> 9-12 |
| <input type="checkbox"/> Canadian Bred     |  |                                     | <input type="checkbox"/> 12-18                                |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only       |                                     | <input type="checkbox"/> <b>Vet Sweepstakes</b>               |
| <input type="checkbox"/> Open Black        | <input type="checkbox"/> 3-6 months Exhib Only |                                     | <input type="checkbox"/> 7 - 9 yrs                            |
| <input type="checkbox"/> Open Landseer     |  |                                     | <input type="checkbox"/> 9 + yrs                              |
| <input type="checkbox"/> Field             |  |                                     |   |

Reg'd 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	<u>Place of Birth</u>	
<input type="checkbox"/> Listed <input type="checkbox"/> TCN No.	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

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

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ | Prov. \_\_\_\_\_ | Postal Code \_\_\_\_\_

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

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

City \_\_\_\_\_ | Prov. \_\_\_\_\_ | Postal Code \_\_\_\_\_

Mail I.D. to:  Owner  Agent

<b>DOGSHOW TOLL FREE FAX ENTRIES</b> Fax: (877) 993-6879
Visa ___ Mastercard ___ Card No. _____ Expiry ____/____
Interac ___ AmExpress ___ EFT ___
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 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 clearly



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