



OFFICIAL ENTRY FORM **CONFORMATION**  
**CANADIAN FINNISH SPITZ CLUB**  
**SPECIALTY SHOW, SATURDAY MAY 13, 2017**

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

Please type or print clearly

**Breed** Finnish Spitz **|Sex** \_\_\_\_\_

Enter in the following classes:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Open                       | <input type="checkbox"/> Baby Puppy                                 |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Veteran                    | <input type="checkbox"/> Brood Bitch & Progeny                      |
| <input type="checkbox"/> 12-18 month       | <input type="checkbox"/> Specials Only              | <input type="checkbox"/> Stud Dog & Get                             |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Exhibition Only            | <input type="checkbox"/> Brace                                      |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only 3-6 months | <input type="checkbox"/> Altered <input type="checkbox"/> CATALOGUE |

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 No.   |  |        |
| <input type="checkbox"/> CKC Misc. No. | Place of Birth   |        |
| <input type="checkbox"/> Listed        |  |        |
| <input type="checkbox"/> CCN           | <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

ID's will not be mailed. Please provide email address below for entry confirmation

**DOGSHOW.CA TOLL-FREE FAX ENTRIES: 1-877-993-6879**

- Visa  Master Card  American Express

Name of Card Holder: \_\_\_\_\_ Expiry Date / \_\_\_\_\_

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 NO. \_\_\_\_\_

E-Mail \_\_\_\_\_ (Please print clearly)



OFFICIAL ENTRY FORM **CONFORMATION**  
**CANADIAN FINNISH SPITZ CLUB**  
**SPECIALTY SHOW, SATURDAY MAY 13, 2017**

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

Please type or print clearly

**Breed** Finnish Spitz **|Sex** \_\_\_\_\_

Enter in the following classes:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Open                       | <input type="checkbox"/> Baby Puppy                                 |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Veteran                    | <input type="checkbox"/> Brood Bitch & Progeny                      |
| <input type="checkbox"/> 12-18 month       | <input type="checkbox"/> Specials Only              | <input type="checkbox"/> Stud Dog & Get                             |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Exhibition Only            | <input type="checkbox"/> Brace                                      |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only 3-6 months | <input type="checkbox"/> Altered <input type="checkbox"/> CATALOGUE |

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 No.   |  |        |
| <input type="checkbox"/> CKC Misc. No. | Place of Birth   |        |
| <input type="checkbox"/> Listed        |  |        |
| <input type="checkbox"/> CCN           | <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

ID's will not be mailed. Please provide email address below for entry confirmation

**DOGSHOW.CA TOLL-FREE FAX: 1-877-993-6879**

- Visa  Master Card  American Express

Name of Card Holder: \_\_\_\_\_ Expiry Date / \_\_\_\_\_

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 NO. \_\_\_\_\_

E-Mail \_\_\_\_\_ (Please print clearly)