



SHOW **National Specialty Bouvier des Flandres Club of Canada**

Date **June 6, 2010**

Total: \$ _____ Entry Fees: \$ _____ List Fees: \$ _____ Prepaid Catalogue: \$ _____

BREED BOUVIER DES FLANDRES	VARIETY	SEX
--------------------------------------	---------	-----

ENTER IN THE FOLLOWING CLASSES:

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Pre-Novice |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Sweepstakes | <input type="checkbox"/> Brace Class | <input type="checkbox"/> Novice A__ / B__ / C__ |
| <input type="checkbox"/> 12-18 Month | <input type="checkbox"/> Veteran | <input type="checkbox"/> Futurity | <input type="checkbox"/> Sexually Altered | <input type="checkbox"/> Open A__ / B__ |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Stud Dog Classe | <input type="checkbox"/> Utility | |

REGISTERED

NAME OF DOG

- | | | |
|---|--|--|
| <input type="checkbox"/> C.K.C. REG. No. | DATE OF BIRTH | Is this a Puppy ? |
| <input type="checkbox"/> C.K.C. ERN No. | D ____ M ____ Y ____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> C.K.C. Misc. Cert. No. | PLACE OF BIRTH | |
| <input type="checkbox"/> Listed (no C.K.C. No.) | <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere | |

Breeder(s) _____

Sire _____

Dame _____

Reg'd Owner(s) _____ CKC Membership Number _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____ E-mail _____

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

Agent's Address: _____

City _____ Prov. _____ Postal Code _____ E-mail _____

Mail I.D to Owner Agent

Fax entries must be accompanied by a Visa or Master Card number.

Visa Master Card Card No. _____ Expiry _____

Name of Cardholder _____

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



SHOW **National Specialty Bouvier des Flandres Club of Canada**

Date **June 6, 2010**

Total: \$ _____ Entry Fees: \$ _____ List Fees: \$ _____ Prepaid Catalogue: \$ _____

BREED BOUVIER DES FLANDRES	VARIETY	SEX
--------------------------------------	---------	-----

ENTER IN THE FOLLOWING CLASSES:

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Pre-Novice |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Sweepstakes | <input type="checkbox"/> Brace Class | <input type="checkbox"/> Novice A__ / B__ / C__ |
| <input type="checkbox"/> 12-18 Month | <input type="checkbox"/> Veteran | <input type="checkbox"/> Futurity | <input type="checkbox"/> Sexually Altered | <input type="checkbox"/> Open A__ / B__ |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Stud Dog Classe | <input type="checkbox"/> Utility | |

REGISTERED

NAME OF DOG

- | | | |
|---|--|--|
| <input type="checkbox"/> C.K.C. REG. No. | DATE OF BIRTH | Is this a Puppy ? |
| <input type="checkbox"/> C.K.C. ERN No. | D ____ M ____ Y ____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> C.K.C. Misc. Cert. No. | PLACE OF BIRTH | |
| <input type="checkbox"/> Listed (no C.K.C. No.) | <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere | |

Breeder(s) _____

Sire _____

Dame _____

Reg'd Owner(s) _____ CKC Membership Number _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____ E-mail _____

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

Agent's Address: _____

City _____ Prov. _____ Postal Code _____ E-mail _____

Mail I.D to Owner Agent

Fax entries must be accompanied by a Visa or Master Card number.

Visa Master Card Card No. _____ Expiry _____

Name of Cardholder _____

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