

**FREE
ENTRY**



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ENTRY**

Parade of Champions ENTRY FORM

Please send this form with your show entry. **Entries will NOT be accepted on the day.**

Registered Name of Dog: _____

Sex: _____ Date of Birth: _____ Age: _____

Number of CCs: _____ Number of BoBs: _____

Nº Ch Show Gp placings: _____ Nº of Ch Sh BIS/RBIS: _____

Registered Name of Dog: _____

Sex: _____ Date of Birth: _____ Age: _____

Number of CCs: _____ Number of BoBs: _____

Nº Ch Show Gp placings: _____ Nº of Ch Sh BIS/RBIS: _____

Registered Name of Dog: _____

Sex: _____ Date of Birth: _____ Age: _____

Number of CCs: _____ Number of BoBs: _____

Nº Ch Show Gp placings: _____ Nº of Ch Sh BIS/RBIS: _____

Name of Owner(s) _____

Address: _____

Tel No: _____ Email Address: _____

Please continue overleaf if more space needed for additional Champions