PRE-REGISTRATION FORM

Owner's name: _				
Address:				
Home phone:	Cell phone:			
Email:			_	
Dog's call name:		Breed	:	
Are you showing	on the day of the cl	inic?	yes	no
Testing:	_ Eye clinic (\$45)	B	AER clinic (\$65)	
	_ Auscultation (\$45)	E	chocardiogram (\$	260)
	Tota	l enclosed:		
Pre-regi	strations must be	received by	y <u>March 6, 2022</u>	
Mail cor	mpleted registration	n with che	ck made payable	to:
	Celtic Classic	Dog Shows	s:	
Attn: Carolyn Vad	ck, 3043 W. Meadov	wview Drive	, Gordonville, PA	17529
******	*******	******	********	******
	PRE-REGISTE	RATION F	ORM	
Owner's name: _				
			_	
	Breed:			
	on the day of the cl			
	_ Eye clinic (\$45)			
	_ Auscultation (\$45)			260)
	Tota	l enclosed:		71
Pre-regi	strations must be			

Mail completed registration with check made payable to:

Celtic Classic Dog Shows:

Attn: Carolyn Vack, 3043 W. Meadowview Drive, Gordonville, PA 17529