CANUNE ASSOCIA	Official Entry Form OKPP American Canine Association Sanctioned Dog Show
✓ One canine per for	 B B B Conformation Show November 10th 8:00am -5:00pm Conformation Show November 11th 8:00am Conformation Show Puppy Show (3-6 months old) Youth Show (Kids 15 & under) Costume Contest
 Attach accredited registration certifi Registered Name of 0 	cate Cherokee Casino Will Rogers Downs Claremore, OK 743230
Registration Number	
-	Canine D.O.B.: Sex of Canine:
	E-mail:
Address:	
• City:	State: Zip code:
Handler's Name:	
	1st Show 2nd Show
	Costume Contest Puppy Class Youth Class
is given to the area. No monie	as generated from this event may be used by ACA for promotional purposes. Full permission American Canine Association, Inc. to use photos, or electronic form of the same, in a public es, credits or obligations are due to either party. All applicants hold the ground owners y accident or injury.
Entry f Puppy Make c Email t Questio	r's Signature: ee:\$25.00 1st canine per show, additional canines \$10.00 per show. Show, Youth Show and Costume Contest \$10.00 per dog per show. heck payable to OKKP o: dogshows@acadogs.com Fax to: 1-800-422-1864 ons call: ACA 1-352-708-5801 ontact: Brandy 918-695-0455 OKPP_NE@yahoo.com



DOG EVENT ENTRY FORM

(Please print clearly and legibly. Thank you)

The OKKP Dog Show

Cherokee Casino Claremore, OK 74330 November 10-11 2023

DOG INFORMATION			
Breed			
Registered Name			
Registered #			
Color(s)			
Sex			
Whelped			
Group Name			

DOG - OWNER INFORMATION				
Full Name				
Address				
City				
State				
Phone Number				
Email Address				

HANDLER INFORMATION			
Full Name			
Address			
City			
State			
Phone Number			
Email Address			
Handler #			

DOG SHOW #1

Judge					
Type of	Ring	Number of Dogs in Ring	Winning Place	Points	Major
Best of Bree	ed/Sex				
Best of Bree	ed				
Best of Grou	up				
Show					
Dog Shov	v Date	://	Total Points		

DOG SHOW #2

J	udc	le
	aac	10

5					
Type of	Ring	Number of Dogs in Ring	Winning Place	Points	Major
Best of Bree	d/Sex				
Best of Bree	d				
Best of Grou	ıp				
Show					
Dog Shov	v Date	://	Total Points		

DOG SHOW #3

Judge					
Type of	Ring	Number of Dogs in Ring	Winning Place	Points	Major
Best of Bree	ed/Sex				
Best of Bree	ed				
Best of Gro	up				
Show					
Dog Show	v Date	: <u> </u>	Total Points		

DOG SHOW #4					
Judge					
Type of	Ring	Number of Dogs in Ring	Winning Place	Points	Major
Best of Bree	ed/Sex				
Best of Bree	əd				
Best of Gro	up				
Show					
Dog Show Date:// Total Points					



AMERICAN CANINE ASSOCIATION, INC.

P.O Box 121107, Clermont, FL 34712 Phone: 800-651-8332 Fax: 866-217-2845 Email: registrations@acacustomerservice.org

"America's Largest Veterinary Health Tracking Canine Registry"

Dual Registration Request Form

For the registration of canines having lineage that is not registered with American Canine Association, Inc.

Instructions:

To ensure complete accuracy, please attach to this form a copy of your current registration certificate or registration application. If the dog is not AKC, please include at least a 3 generations pedigree. The information contained will be verified and transferred to your American Canine Association registration Certificate.

BENEFILIS OF REGISTIRATIONS

- ✓ FRIENDLY, FAST SERVICE
- **TOLL FREE 1-800 NUMBERS**
- GOODWILL COMUNITY SERVICE PROGRAMS
- LIFETIME LOST AND FOUND TAG SERVICE PROGRAM

NO PENALTIES, LATE FEES OR TIME LIMITS TO REGISTER

- MICROCHIP REGISTRATION IS FREE
- ✓ SPANISH SPEAKING CUSTOMER SERVICE REPRESENTATIVES
- ✓ FULLPEDIGREESERVICE
- ✓ LIFETIME GENETIC HEALTH TRACKING
- ORGANIZED DOG SHOWS
- LEGISLATIVE SUPPORT

CANINE REGISTERED NAME:

BREED:_____

Canine Owner Information Please print clearly. Illegible writing will delay your application process.				
Registration Fee \$20.00		Date of Ownership:		
Name:	Owner's Phone: Email:			
Address:				
City:State:Zip:	Co-owner (II any) Name:_			
New Owner's Signature:	Co-Owner's Signature: _			
		merican Canine Association P.O. Box 121107 Clermont, FL 34712 trations@acacustomerservice.org		
	V: Billing Zip Code:			
Expiration Date: Print Card-holder's Name:	Pho	one Number:		
Cardholder's Signature:	Today's Date:			