	CANINE ASSOC	Official Entry Form NYPPBA American Canine Association Sanctioned Dog Show	
		Conformation Show	
	CIAL SEA	Saturday August 17, 2019 11:30 am to 2:00 pm	
		Location:	In the Park 1919 County Road #6 Phelps, NY 14532
$\sqrt[n]{}$	One canine per form Attach accredited registration certificate		
•	Registered Name of Canine:		
•	Registration Number:		
•	Canine Color:	Canine D.O.B.: Sex of Canine:	
•	Owner's Name:		
•	Phone Number:	E-mail:	
•	Address:		
•	City:	State:	Zip code:
•	Handler's Name:		
Any photographs generated from this event may be used by ACA for promotional purposes. Full permission is given to the American Canine Association, Inc. to use photos, or electronic form of the same, in a public area. No monies, credits or obligations are due to either party. All applicants hold the ground owners harmless for any accident or injury. Owner's Signature:			
	Please ser	nd Entry form in by August 1	4th. Day of show entries are permitted.

Entry fee: None Please mail entry form to: ACA P.O. Box 121107 Clermont, Fl 34712 Email to: customerservice@acadogs.com Fax to: 1-800-422-1864 Questions call: Lisa Hornig 315-604-7969 or ACA 1-800-651-8332