

PRE-REGISTRATION FORM

Owner's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Dog's call name: _____ Breed: _____

Are you showing on the day of the clinic? _____ yes _____ no

Testing: _____ Eye clinic (\$45) _____ BAER clinic (\$70)

_____ Auscultation (\$50) _____ Echocardiogram (\$300)

Total enclosed: _____

Pre-registrations must be received by March 3, 2024

Mail completed registration with check made payable to:

Celtic Classic Dog Shows:

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

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