

# UKC BENCH SHOW ENTRY SHEET

Class \_\_\_\_\_

SEX/CLASS		UKC ENTRY INFORMATION <small>(Hand-write or paste a completed Entry Slip label in each space.)</small>	PLACEMENT
<b>M</b> <b>F</b>	<b>P</b>	DOG'S NAME _____	<input type="checkbox"/> Class Win
	<b>J</b>	UKC REGISTRATION NUMBER _____	<input type="checkbox"/> Best Of Breed
	<b>S</b>	BREED _____ AGE _____ SEX _____	<input type="checkbox"/> Best Of Show
	<b>CH</b>	OWNER'S NAME _____	<input type="checkbox"/> Champion Winner
	<b>GR</b>	ADDRESS _____	<input type="checkbox"/> Grand Champion Winner
			HANDLER'S NAME _____
		OWNER/HANDLER PHONE NUMBER _____	
<b>M</b> <b>F</b>	<b>P</b>	DOG'S NAME _____	<input type="checkbox"/> Class Win
	<b>J</b>	UKC REGISTRATION NUMBER _____	<input type="checkbox"/> Best Of Breed
	<b>S</b>	BREED _____ AGE _____ SEX _____	<input type="checkbox"/> Best Of Show
	<b>CH</b>	OWNER'S NAME _____	<input type="checkbox"/> Champion Winner
	<b>GR</b>	ADDRESS _____	<input type="checkbox"/> Grand Champion Winner
			HANDLER'S NAME _____
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<b>M</b> <b>F</b>	<b>P</b>	DOG'S NAME _____	<input type="checkbox"/> Class Win
	<b>J</b>	UKC REGISTRATION NUMBER _____	<input type="checkbox"/> Best Of Breed
	<b>S</b>	BREED _____ AGE _____ SEX _____	<input type="checkbox"/> Best Of Show
	<b>CH</b>	OWNER'S NAME _____	<input type="checkbox"/> Champion Winner
	<b>GR</b>	ADDRESS _____	<input type="checkbox"/> Grand Champion Winner
			HANDLER'S NAME _____
		OWNER/HANDLER PHONE NUMBER _____	
<b>M</b> <b>F</b>	<b>P</b>	DOG'S NAME _____	<input type="checkbox"/> Class Win
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	<b>S</b>	BREED _____ AGE _____ SEX _____	<input type="checkbox"/> Best Of Show
	<b>CH</b>	OWNER'S NAME _____	<input type="checkbox"/> Champion Winner
	<b>GR</b>	ADDRESS _____	<input type="checkbox"/> Grand Champion Winner
			HANDLER'S NAME _____
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<b>M</b> <b>F</b>	<b>P</b>	DOG'S NAME _____	<input type="checkbox"/> Class Win
	<b>J</b>	UKC REGISTRATION NUMBER _____	<input type="checkbox"/> Best Of Breed
	<b>S</b>	BREED _____ AGE _____ SEX _____	<input type="checkbox"/> Best Of Show
	<b>CH</b>	OWNER'S NAME _____	<input type="checkbox"/> Champion Winner
	<b>GR</b>	ADDRESS _____	<input type="checkbox"/> Grand Champion Winner
			HANDLER'S NAME _____
		OWNER/HANDLER PHONE NUMBER _____	