



Congratulations !!

**You are now eligible to compete in the
Atlantic Puppy Awards Competition
to be held October 27, 2007 in
Charlottetown, Prince Edward Island
at the Charlottetown Canada Games & Trade Center.**

**This semi-formal event will include all
Puppy in Group winners from
the four Atlantic Provinces from
October 29, 2006 up to and
including October 27, 2007.**

Event Secretary

Fay Oatway

**2653 North York River Road
Charlottetown, PE C1E 1Z4**

Telephone (902) 892-3456

Fax (902)892-0126

**Email: annadeans@islandtelecom.com
goldhaven@islandtelecom.com**

ADDITIONAL INFORMATION

There will be a panel of six judges.

All participants will receive rosettes in addition to competing for monetary prizes.

CLOSING DATE: Midnight, Wednesday, October 10, 2007.

NOTE- All group puppy winners of October 27, 2007 will also be eligible to enter the evening's event.

Entry Fee \$12.00 (payable to the Atlantic Puppy Awards) due with entry form (Visa accepted-number, expiry date, and signature required). Additional fee of \$3.00 will be charged for credit card payment.

Advertising Catalogue advertising will be \$30.00 per page, \$15.00 half page, black and white and camera ready only will be accepted.

Web-site address: <http://sbmprodos.org/atlanticpuppyawards/>
CHECK US OUT FOR PAST WINNERS.

CONTACTS

Fay Oatway (902) 892-3456
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Chris Gallant (902) 436-5339
goldhaven@islandtelecom.com

PLEASE INCLUDE EMAIL ADDRESS FOR CONTACT PURPOSES ON ENTRY FORM.

ATLANTIC PUPPY AWARDS
ENTRY FORM - October 27, 2007
(Please Print Clearly)



Entry Fee **\$12.00** CASH CHEQUE VISA only
CHEQUES payable to the **ATLANTIC PUPPY AWARDS**

Breed _____

Registered Name _____

Date of Birth _____ **M** _____ **F** _____

Check One - Enter Number **CKC REG. No.** _____

CKC ERN No. _____ **Award won at:**
_____ **(name of show giving club)**

Under Judge _____

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

PLEASE INCLUDE EMAIL ADDRESS IF APPLICABLE

Email _____

Phone Number _____

Visa # _____ **Exp.Date** _____

SIGNATURE _____
