DAYTON KENNEL CLUB MATCH ENTRY FORM (please print)

Your Name						
Address						
City, State, Zip						
Phone number (area co	ode)			_ Email		
Breed	S	ex	_ Group _		Variety	
Birth Date	Registered Nam	ne				
Age Class Each Pre-entry - \$8.00,						
Amount enclosed				Make checks	payable to: DAYTON	KENNEL CLUB
-						
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