

**The American White Shepherd Association
Event Registration Number (ERN) Application**

Dog's Registered Name: _____

AKC/CKC Reg. Number: _____

Sire's Registered Name: _____

Dam's Registered Name: _____

Owner's Name: _____

Mailing Address: _____

City: _____ **State or Province:** _____

Postal Code: _____ **Phone Number:**_()_____

Please enclose a photocopy of the above dog's AKC or CKC registration papers and a check in the amount of \$5.00 (five dollars) US made payable to AWSA. Send to:

*Lynda Proulx
AWSA Conformation Chair
RR #7 Alvinston
Ontario N0N 1A0 CANADA*