

OFFICIAL MASCA ENTRY FORM
 Note: This Entry Form Must Be Completed in Full
 For Conformation Specialty

The Coldwater Connection 2
 Central Miniature Australian Shepherd Club, MASCA Affiliate
 Branch County 4-H Fair Grounds
 262 Sprague St, Coldwater, MI 49036
 Saturday, June 5th, 2010

Date: June 5th, 2010 Show One and/or Show Two
 (Put an X in the grey box or type out the required information in the grey box)

I submit \$ _____ for entry fees.

Dog's Call Name			
Registered Name of Dog			
MASCA Reg. Number			
Or Other Reg. #	And Name of Registry		
Breed	Mini Aussie	Male	Female
Sire			
Dam			
Breeder			
Name of Actual Owner (Print)			
Address			
City	State	Zip Code	
Name of Handler (Print)			
Email Address and Phone			

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. I further acknowledge that the Rules and Regulations of the Miniature Australian Shepherd Club Of America, Inc (MASCA) governing this event have been made available to me (us) and that I am (we are) familiar with their contents. In consideration of the acceptance of this entry, I (we) agree to conduct myself (ourselves) in accordance of this entry; I (we) agree to conduct myself (ourselves) in accordance with all such Rules and Regulations (including all provisions applying to discipline) and to abide by any decisions made in accord with them. I (we) further agree that the above named dog is entered in and will be at this event at my (our) own risk and that I (we) will hold MASCA and the event-giving club, as well as the members, directors, governors, officers, superintendents, agents and judges of the MASCA and/or the event-giving club, free from any liability for any claims arising out of the entry of the dog or its presence at the event, including any claim for damage or injury to the dog, from whatsoever cause (whether negligent or non-negligent). In addition, I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for whatsoever reason arising out of or in consequence of my (our) participation in this event.

SIGNATURE of Owner or Agent			
Duly Authorized to Make This Entry			
Address of Agent (If Agent Signs Above Line for Owner)			
Address			
City	State	Zip Code	
Telephone	Email Address		

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CenMASC MASCA Show
 Branch County 4-H Fair Grounds, 262 Sprague St,
 Coldwater, MI

DIVISION	PRE-ENTRY FEE	DAY OF ENTRY FEE
Non-Regular	\$18.00	\$23.00
Regular	\$20.00	\$25.00
Juniors	\$15.00	\$18.00

Show 1 **Sh-1**

6-9 MO	
9-12 MO	
12-18 MO	
BRED BY EXHIB.	
OPEN	
BEST OF BREED	
Open Altered	
BOB Altered	
Non-Regular classes	
Juniors 5-8 yrs	
Juniors 9-13 yrs	
Juniors 14-18 yrs	
Non-Regular 2-4 mo	
Non-Regular 4-6 mo	

Show-2 Specialty

Non-Regular **Sh-2**

Non-regular 2-4 MO	
Non-regular 4-6 MO	
Head Type	
Veterans	
Brace	
Movement	
Stud Dog	
Brood Bitch	
Juniors 5-8 YRS	
Juniors 9-13 YRS	
Juniors 14-18 YRS	

Regular classes

6-9 MO	
9-12 MO	
12-18 MO	
BRED BY EXHIBITOR	
OPEN	
BEST OF BREED	
OPEN ALTERED	
Best Of Breed Altered	

Pre-Entries Due By:
May 31st, 2010

Day of Show Entries Accepted
from 8:00am-9:00am
Show Starts at 10am sharp
Canadian entries made out with
US FUNDS written on checks or
cash DOS
Mail entries & send checks
made out to:
CenMASC
383 W. Rose Rd
Coldwater, MI 49036
(517)369-1255

For Juniors Only

If this entry is for Junior Showmanship, please give the following information:

JR.'S
 NAME: _____
 DOB: _____

By signing the entry form I (we) certify that the Junior Showman does not now, and will not at any time, act as an agent/handler for pay while continuing to compete in Junior Showmanship. ADDRESS

Address: _____ Phone: _____
 CITY _____ STATE _____ ZIP _____

Owners name here if not Jr. Handler _____