|  |
| --- |
| **CANADIAN ASSOCIATION OF** |
| **AQUARIUM CLUBS** |
| **2023 SHOW REGISTRATION FORM** |
|  |
| **Pre-registration by 10 PM Thursday 14thSend form to Show Chairperson (Catherine Salmon) at:** caoacshowchair@gmail.com |
| **Date** |  |
| **Name** |  |
| **Address** |  |
| **City/Prov** |  |
| **Postal Code:** |  |
| **Phone:** |  | **E mail address** |  |
| **Your Club:** |  |
|   |
| **Class #** | **Class Name:** | **Genus and Species:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |