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| **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](mailto:caoacshowchair@gmail.com) | | | | | |
| **Date** | |  | | | |
| **Name** | |  | | | |
| **Address** | |  | | | |
| **City/Prov** | |  | | | |
| **Postal Code:** | |  | | | |
| **Phone:** | |  | **E mail address** |  | |
| **Your Club:** | |  | | | |
|  | | | | | |
| **Class #** | **Class Name:** | | | **Genus and Species:** |
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