## NORTH AUSTRALIAN CANINE ASSOCIATION Inc.

## **ENDURANCE TEST**

## **QUALIFYING FORM**

		QUALIFTI	I TORM	
AWARDED TO _ BREED _				
CAT NO.	SEX	Male/Female	REGISTRATION N	NO
OWNER				
DATE OF TEST				
CLUB _				
SECRETARY _				
JUDGE _				
	Signature		Printe	d name
NACA PO Box 37521 Winnellie NT 0827 Phone (08) 8984 35	21 3570 S		The above form must be filled out by the Secretary of the Affiliate Club holding the Test and signed by the Judge of the event. The appropriate fee must accompany the Application	
APPI	LICATION	FOR END	URANCE CERTIFI	CATE
APPLICANT				
ADDRESS				
SIGNATURE		MEMBERSHIP NO.		
DOGS NAME			REGISTRATION NO.	
Office Use Only Date Applied for: Approved:				
			Certif	

Please attach your Registration

certificate