

Application for DOGSNT NATIONAL AGILITY TEAMS EVENT

Dog's Call Name: _____

Agility

Owners Name:					
Street Address:					
Suburb/town:					
State		Post code:			
Home Phone:		Work/Mobile:			
NOTE: Cards accepted from Any ANKC Affiliated Club.					
Eligible results must fall between 1.4.13 to 31.3.14					
Dogs Name:					
Registration No.					
Dogs Height Category: Please Circle	200	300	<u>400</u>	500	<u>600</u>
<small>NAL</small> Attach copies of your best 5 Qualification Cards Points: 1st=1, 2nd=2, 3rd=3, 4th=4....., 10th or no card=10 Best possible total score = 5					
Venue of competition	Date	Place	Points	Card	
				1	
				2	
				3	
				4	
				5	
Total Points					

Declaration:

I _____

Hereby declare that the above information is correct and agree to abide by the rules of the competition and decisions made by the controlling body and their agents.

Signed: _____ Date: _____

Application for DOGSNT NATIONAL AGILITY TEAMS EVENT

Dog's Call Name: _____

Jumping

Owners Name:					
Street Address:					
Suburb/town:					
State		Post code:			
Home Phone:		Work/Mobile:			
NOTE: Cards accepted from Any ANKC Affiliated Club.					
Eligible results must fall between 1.4.13 to 31.3.14					
Dogs Name:					
Registration No.					
Dogs Height Category: Please Circle	200	300	<u>400</u>	500	<u>600</u>
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