



DOGS NT

email: info@dogsnt.com.au Website: www.dogsnt.com.au

RETRIEVING TRIAL/RETRIEVING ABILITY TESTS FOR GUNDOGS

JUDGES APPLICATION FORM:

Level Applied For:

NAME:

ADDRESS:

..... POSTCODE:

DOGSNT MEMBERSHIP NUMBER: DATE JOINED:

HOME PHONE: MOBILE PHONE:

EMAIL ADDRESS:



DECLARATION:

I declare that:

- I. I have been a Member of an Australian Canine Controlling Body for five (5) years (supply details if other than DogsNT)
- II. I am over twenty-one (21) years of age
- III. I am resident in the NT
- IV. I have *personally* trained and trialed a dog to its 'Novice' and 'Open' Title
- V. Have officiated as a Trial Manager, Judges Steward or Gun Steward at five (5) ANKC recognised Trials in the preceding three (3) years

NAME OF DOG:

DOGS REGISTRATION NUMBER:

TRIAL #1 (Club):

JUDGE:

DATE:

TRIAL #2 (Club):

JUDGE:

DATE:

TRIAL #3 (Club):

JUDGE:

DATE:

SIGNED: DATE:

*** By signing you hereby declare that all the information provided herein is true and correct**