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Correspondence to:
The Secretary
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North Australian Canine Association Inc - A Member Body of the Australian National Kennel Council

SHOW MANAGER REPORT - PART B

(Required only if applicable)

CLUB:	VENUE:	DATE:
JUDGE:		EXHIBITION MANAGER:

→ CHALLENGES WITHHELD:

- | | |
|---------------|----------|
| 1. EXHIBIT #: | DETAILS: |
| 2. EXHIBIT #: | DETAILS: |

→ AWARDS WITHHELD:

- | | |
|-----------------------|----------|
| 1. EXHIBIT # & AWARD: | DETAILS: |
| 2. EXHIBIT # & AWARD: | DETAILS: |

→ INCIDENTS/COMPLAINTS: (Please attach documentation if necessary)

1.
2.

→ DETAIL HOW THE INCIDENT WAS DEALT WITH BY THE CLUB:

1.
2.

→ DO YOU WISH THE DOGSNT TO ASSIST IN ANY WAY?

1.
2.

→ LIST ATTACHED DOCUMENTATION:

1.
2.
3.
4.
5.

SIGNATURE EXHIBITION MANAGER: **DATE:**

This form is to be submitted to secretary@dogsnt.com.au within 10 working days of the event date.