

ANKC AGILITY TRIAL ENTRY FORM

To be held under the Rules & Regulations of the State Controlling Body

Anywhere Dog Obedience Club Club

(write name of club holding trial for which entry is made)

Date of Trial: **25th December 2011****EXHIBITOR'S DECLARATION**

I hereby apply to enter the foregoing exhibit in terms of and upon the conditions set out in the State Controlling Bodies Constitution Rules and Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars endorsed hereon.

Entry Fees **\$28.00**

Catalogue

Subscription

Sundries

TOTAL **\$28.00**CHQ. No. **1111**

I certify that this exhibit has not within the said period of three months been in kennels affected with Distemper, Canine Hepatitis, Parvo Virus or any other contagious or infectious disease and that the dog has been vaccinated.

POSTAL ADDRESS **123A Dog Bone Ave BARKING**QUEENSLAND POSTCODE **4209** PHONE **49876543**EMAIL ADDRESS **youremail@domain.com**CLUB REPRESENTED **Your CCCQ Affiliated Club name or your preference**

HANDLER IF DIFFERENT FROM OWNER

NOTE: WRITING MUST BE INK, AND ALL NAMES OF DOGS IN BLOCK LETTERSNAME OF DOG **JUMPING MAGICAL WAND**

Dog's details must be identical to its registration with the Controlling Body, or most recent title application

BREED **BORDER COLLIE**SEX **D** HAS **48.5** CM DOB **1/1/2010** No. **10987654**
D or B Height at Shoulder Date of Birth DD/MM/YYYY Registered NumberNAME OF REGISTERED OWNER/LESSEE **Mr & Mrs H. Andler**

Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please)

MEMBERSHIP No. **410987654**

USUAL SIGNATURE

Class	Jump Height	Catalog No.
		(Club use only)

AD 500**ADO 500****JD 500****JDO 500****Strategic Pairs Partner (if applicable):**Dog _____ No. _____ Handler _____ No. _____
Titles not required here Registered Number Owner, or Handler if not Owner Membership Number**ANKC AGILITY TRIAL ENTRY FORM**

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Entry Fees **\$15.00**

Catalogue

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Sundries

TOTAL **\$15.00**CHQ. No. **1111**

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BREED **BORDER COLLIE**SEX **D** HAS **53.0** CM DOB **1/1/2010** No. **10987654**
D or B Height at Shoulder Date of Birth DD/MM/YYYY Registered NumberNAME OF REGISTERED OWNER/LESSEE **Mr & Mrs H. Andler**

Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please)

MEMBERSHIP No. **410987654**

USUAL SIGNATURE

Class	Jump Height	Catalog No.
		(Club use only)

SPD 500**SD 500****GD 500****Strategic Pairs Partner (if applicable):**Dog **Best Mate** No. **42233445** Handler **A Friend** No. **419988776**
Titles not required here Registered Number Owner, or Handler if not Owner Membership Number**ANKC AGILITY TRIAL ENTRY FORM**

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POSTAL ADDRESS

POSTCODE PHONE

EMAIL ADDRESS

CLUB REPRESENTED

HANDLER IF DIFFERENT FROM OWNER

NAME OF DOG

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BREED

SEX HAS CM DOB No.
D or B Height at Shoulder Date of Birth DD/MM/YYYY Registered Number

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