

NAME OF AFFILIATE:	DATE:	TOTAL DOGS ENTERED IN TRIAL:

CLASS	PLACE	CAT NO.	BREED	NAME OF DOG	REG. NO.	SEX: M/F	OWNER	POINTS
STARTER	1 st							
JUDGE	2 nd							
	3 rd							
STARTER	1 st							
JUDGE	2 nd							
	3 rd							
NOVICE	1 st							
JUDGE	2 nd							
	3 rd							
NOVICE	1 st							
JUDGE	2 nd							
	3 rd							
INTERMEDIATE	1 st							
JUDGE	2 nd							
	3 rd							
ADVANCE	1 st							
JUDGE	2 nd							
	3 rd							

NAME:	SIGNATURE:
ADDRESS:	PHONE:

This form must be completed and returned, together with Dogs NSW Levy and Marked Catalogue to: The Secretary, DOGS NSW, PO. Box 632, St Marys NSW 1790 Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW Phone 02 9834 3022 or email <u>info@dogsnsw.org.au</u>