

CONDUCTED BY:	DATE:	
JUDGE:	TOTAL DOGS ENTERED IN TEST:	
CLASS:		

CAT NO.	BREED	NAME OF DOG	REG NO	OWNED BY	PASS	PLACE

NAME:	PHONE:	SIGNATURE:
ADDRESS:		

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>