

APPLICATION FOR THE SOUTH AND SOUTHWEST OBEDIENCE

TEAM

Please send completed forms to

EMMA GALBRAITH

80 CHURCH ROAD, LONGLEVENS, GLOS ,GL2 0AA

Name of Owner / Handler

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Address

.....

.....

Mobile Telephone

E-mail address

Registered Name of Dog

Pet name

Breed

If a Crossbreed, please indicate parents' breeds

Lowest class eligible

Total No. of 1sts in Beg..... Nov..... A B C

Qualified for Ch. C. Yes/No

Please advise which try out day you will be attending, if all that is fine,
it just will give us an idea of numbers.

Sunday 3rd November

Sunday 10th November

