



DOGS NSW SCENT WORK ENTRY FORM

To be held under the Rules and Regulations of DOGS NSW

Note: Writing shall be in ink, and all names (i.e. dog and owner) shall be in block letters.
Use a separate form for each entry.

Affiliate: _____
(Name of club for which entry is made)

Date of Trial: ___ / ___ / ___

EXHIBITOR'S DECLARATION *I hereby apply to enter the following exhibit in terms of and upon the conditions set out in the State Controlling Body's Constitution Rules and Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars endorsed hereon.*

Breed: _____

Name of Exhibit: _____
Details of dog entered must be identical with the registration of the Controlling Body with which the dog is registered

Date of Birth: _____ Sex: _____ Registered No: _____
State D or B

Name of Registered Owner/Lessee: _____
(Mr, Mrs, Ms, Miss - BLOCK LETTERS please)

Membership No: _____ Phone: _____ Email: _____

Postal Address: _____ Postcode: _____

Name of handler (if different from owner/lessee): _____

Element and class entered

Element:	Containers	Interior	Exterior	Vehicle
Novice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note: Dogs may only be entered in ONE class per element.

I certify that this exhibit has not within, the period of three months immediately preceding the commencing day of the trial, been in a kennel affected with distemper, canine hepatitis, parvo virus or any other contagious disease and has been vaccinated

Usual Signature of owner/lessee(s): _____

Entry Fees: \$ _____ Catalogue: \$ _____ Sundries: \$ _____ Total: \$ _____

Payment method and date: _____