DOGS QUEENSLAND PO BOX 1136, MT OMMANEY QLD 4074



PHONE (07) 3252 2661, FAX (07) 3252 3864 QUEENSLAND Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au

APPLICATION FOR QUEENSLAND GOLD, SILVER OR BRONZE AWARD

NAME OF DOG:				SEX: MALE / FEMALE	
BREED: REGISTRATION NO:					
REGISTERED OWNER'S DETAILS	:				
MEMBERSHIP NO. 1:	MEMBERSHIP NO. 1: MEMBERSHIP NO. 2:				
TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss)					
ADDRESS:					
			POS	T CODE:	
CONTACT NO: (H)	(B)	(M)			
AWARD APPLIED FOR: GOLD / SILVER / BRONZE (Delete whichever is not applicable)					
BREEDER'S DETAILS:					
TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss)					
ADDRESS:					
			POS	T CODE:	
<u>PLEASE NOTE:</u> All owners / co-owners must be financial members of the CCC (Q) t/as Dogs Queensland before any dog is entered in a Championship Show or Obedience or Field Trial. Failure to comply with this regulation will result in the forfeiture of all points gained by the dog and refusal of the application. <u>THE APPLICATION IS TO BE SIGNED BY ALL OWNERS / CO-OWNERS</u>					
IMPORTANT: All points are to be listed on the reverse side of this application. To obtain this award the dog is to be residing in Queensland and owned by a Queensland member at the time of application. Copies of Challenges obtained interstate must be attached.					
LAMINATING: A laminating service for Certificates is available. Please tick if laminating is required:					
Minimum Points to qualify: QLD BRONZE: 250 QLD SILVER: 500		Please refer to the Queensland Dog World Magazine for Scale of Charges			

PLEASE DO NOT SEND YOUR PEDIGREE CERTIFICATE WITH THIS APPLICATION

QLD GOLD:

750

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DETAILS OF POINTS

DATE OF SHOW	NAME OF SHOW	NAME OF JUDGE	POINTS AWARDED (IN DATE ORDER)	FOR OFFICE USE ONLY
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Signature(s):

I / We declare that all information provided in this application is correct and acknowledge that proof must be produced, if required, for verification.

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Date / 20...... Signature(s):

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CREDIT CARD PAYMENT DETAILS

NAME:	MEMBERSHIP NUMBER:			
MASTERCARD	VISA (tick one box)			
CARD NUMBER:	CARD EXPIRY DATE:			
AMOUNT \$	CARDHOLDER'S PHONE NUMBER:			
CARDHOLDER SIGNATURE	Date / / 20			