

## **DOGS QUEENSLAND**

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## APPLICATION FOR LURE DRIVER TRAINING - LURE COURSING

Applications must be received by Dogs Queensland by 31 December for inclusion in the following year's training intake.

NAME:					
ADDRESS:					
HOME PHONE:		MOBILE:		••••	
EMAIL:					
DOGS QUEENSLAND MEM	BERSHIP NUMBER:				
DOGS NAME AND COURSING TITLE (must have a JC and be registered in applicant's name):					
DOGS QUEENSLAND LURE	COURSING CLUB	MEMBERSHIP:			
ADDITIONAL INFORMATION	N TO SUPPORT API	PLICATION:		••••	
				••••	
SIGNATURE:		DATE:			



To be completed by the President or Secretary of a Dogs Queensland Club which conducts Lure Coursing trials.					
Name of Club:					
_					
is a m		e above club and has performed the following club functions in the last 12 months:			
	attends meetings				
	Committee Member				
	President/Secretary/Treasurer				
	Trial Secretary				
	Gate Steward				
	Huntsmaster				
	Trial Manager				
	Lure Operator				
	Exhibitor				
	other (please describe)				
		ve voted at a meeting to support the above member's application for acceptance into Fraining Scheme			
Signe	ed:				
Name	<b>)</b> :				
Positi	on in Club:				