DOGS QUEENSLAND



PO BOX 1136, MT OMMANEY QLD 4074
PHONE (07) 3252 2661, FAX (07) 3252 3864 QUEENS

Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au

<u>APPLICATION FOR GRAND CHAMPION TITLE</u>

PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION SEX: MALE / FEMALE NAME OF DOG: **BREED: REGISTRATION NO:** REGISTERED OWNER'S DETAILS: **MEMBERSHIP NO. 1: MEMBERSHIP NO. 2:** TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss) ADDRESS: **POST CODE: CONTACT NO.: (H)** (B) (M) **BREEDER'S DETAILS:** TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss) ADDRESS: **POST CODE:** PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION PLEASE NOTE: 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. THE APPLICATION IS TO BE SIGNED BY ALL OWNERS / CO-OWNERS IMPORTANT: All challenge / qualifying certificate points are to be listed on the reverse side of this application. If any points have been gained in another state, copies of all certificates must accompany the application for title. **LAMINATING:** A laminating service for Certificates is available. Please tick if laminating is required:

Please refer to the Queensland Dog World Magazine for Scale of Charges

NOT ATTACHED OR (2) PAYMENT OF THE RELEVANT FEES IS NOT INCLUDED.

YOUR APPLICATION WILL BE RETURNED IF EITHER: (1) THE DOG'S CERTIFICATE OF REGISTRATION IS

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

DETAILS OF CHALLENGE CERTIFICATES

			POINTS AWARDED	FOR OFFICE USE
DATE OF SHOW	NAME OF SHOW	NAME OF JUDGE	(IN DATE ORDER)	ONLY
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ 20				
/ 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				
/ 20				
/ 20				
/ / 20				
/ / 20				
/ / 20				
/ / 20				

I / We declare that all information provided on this application is correct and in accordance with Challenge / Qualifying Certificates now in my / our possession, and acknowledge that these certificates must be produced, if required, for verification.

THE APPLICATION IS TO BE SIGNED BY ALL OWNERS / CO-OWNERS

Date / 20	Signature(s):

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

CREDIT CARD PAYMENT DETAILS

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