## **DOGS QUEENSLAND**

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

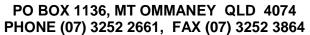


Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au

## R10 – FIXTURE REPORT AND SURCHARGE FORM HERDING TRIAL NOT HELD AT DURACK ONLY

| Date of Fixture: / 20  Type of FIXTURE:   |  |                              |                                     |                                     |  |
|---|--|------------------------------|-------------------------------------|-------------------------------------|--|
|   |  |                              |                                     |                                     |  |
|   | Name of                                  | Judge                        | 1                                   | No. of dogs entered                 |  |
| PRE TRIAL TEST:   |  |                              |                                     |                                     |  |
| HERDING TEST:   |  |                              |                                     |                                     |  |
| INSTINCT TEST:  |  |                              |                                     |                                     |  |
| TRIAL:  |  |                              |                                     |                                     |  |
| ADVANCED A:   |  |                              |                                     |                                     |  |
| ADVANCED B:   |  |                              |                                     |                                     |  |
| ADVANCED C:   |  |                              |                                     | ***********                         |  |
| INTERMEDIATE A:   |  |                              |                                     | ***********                         |  |
| INTERMEDIATE B:   |  |                              |                                     |                                     |  |
| INTERMEDIATE C:   |  |                              |                                     |                                     |  |
| STARTED A:  |  |                              |                                     |                                     |  |
| STARTED B:  |  |                              |                                     |                                     |  |
| STARTED C:  |  |                              |                                     |                                     |  |
| This form is to be forwarded to the CCC (Q) t/a DATE, accompanied by a MARKED CATALOG ADMINISTRATION FEE: | as DOGS QUEENSLAN<br>GUE, FEE PAYMENT, N | ID <u>WITHIN</u><br>MANAGER' | <i>FOURTEEN (14</i><br>S REPORT AND | ) DAYS OF THE SHOW<br>RESULTS FORM. |  |
| TOTAL No. OF ENTRIES  |  | @                            | \$                                  | PER ENTRY                           |  |
|   |  | @                            | \$                                  | PER ENTRY                           |  |
|   |  | @                            | \$                                  | PER ENTRY                           |  |
|   |  | @                            | \$                                  | PER ENTRY                           |  |
|   |  | @                            | \$                                  |                                     |  |
|   |  | @                            | \$                                  |                                     |  |
|   |  | @                            | \$                                  |                                     |  |
|   | <del>.</del>                             | @<br>OT 4 !                  | \$                                  | PER ENTRY                           |  |
|   | 1  | OTAL                         | \$                                  |                                     |  |
| ADMINISTRATION FEE: 10% OF TOTAL  | ENTRY FEES                               |                              | \$                                  |                                     |  |
| TOTAL PAYABLE   |  |                              | \$                                  | (+ 10% GST)                         |  |

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| Signed: (Secreta            | ary) Date: / / 20 Phone:   |  |  |  |  |  |
|-----------------------------|----------------------------|--|--|--|--|--|
| CREDIT CARD PAYMENT DETAILS |                            |  |  |  |  |  |
| NAME:                       |                            |  |  |  |  |  |
| MASTERCARD VISA             | (tick one box)             |  |  |  |  |  |
| CARD NUMBER:                | EXPIRY DATE:               |  |  |  |  |  |
| AMOUNT \$ CAR               | CARDHOLDER'S PHONE NUMBER: |  |  |  |  |  |
| CARDHOLDER SIGNATURE        | Date// 20                  |  |  |  |  |  |