



# AGILITY DOG ASSOCIATION OF AUSTRALIA LTD

ABN 83 070 415 404

## AGILITY ENTRY FORM

CLUB/GROUP HOLDING COMPETITION:		DATE OF COMPETITION:	
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OWNER:					OWNER'S ADAA MEMBERSHIP NO(S):		
OWNER'S ADDRESS:					OWNER'S PHONE NO:		
OWNER'S EMAIL:					HANDLER'S ADAA MEMBERSHIP NO:		
HANDLER:					DOG'S NAME:	DOG'S ADAA NO:	DOG'S SEX:
STANDARD, CLASS, TEST/EVENT TO BE ENTERED INTO:					DOG'S DATE OF BIRTH:	HEIGHT AT WITHER:	
CLASS NUMBER:						ENTRY FEES	
CLASS NAME: ***						OTHER	

I hereby apply to enter the foregoing exhibit in terms of and upon the conditions set out in the Schedule of Events and ADAA's Memorandum and Articles of Association and Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars endorsed hereon.

Owner(s) Signature: .....

DETAILS OF PAIRS PARTNER:	EVENT NUMBER:					
OWNER:					OWNER'S ADAA MEMBERSHIP NO(S):	
DOG'S NAME:					DOG'S ADAA NO:	

DETAILS OF TEAM PARTNERS:	EVENT NUMBER:					
OWNER:					OWNER'S ADAA MEMBERSHIP NO(S):	
DOG'S NAME:					DOG'S ADAA NO:	
OWNER:					OWNER'S ADAA MEMBERSHIP NO(S):	
DOG'S NAME:					DOG'S ADAA NO:	
OWNER:					OWNER'S ADAA MEMBERSHIP NO(S):	
DOG'S NAME:					DOG'S ADAA NO:	
OWNER:					OWNER'S ADAA MEMBERSHIP NO(S):	
DOG'S NAME:					DOG'S ADAA NO:	