**American Staffordshire Terrier Club of Victoria Inc**

**OPEN ENDURANCE TRIAL ENTRY FORM**

**7.30am Sunday 30th July 2017**

**SPRINGERS LEISURE CENTRE,**

**400 CHELTENHAM ROAD, KEYSBOROUGH**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICIAL TRIAL ENTRY FORM** | | | | | | | | | | | | | | | | | | | | | | | | |
| **BREED:** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF EXHIBIT:** | | |  | | | | | | | | | | | | | | | | | **REGISTERED NUMBER:** | | |  | |
|  | | | *Details of the dog entered must be identical with the registration papers of the controlling body with whom the dog is registered.* | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH:** | | |  | | | | | **SEX:** | |  | | | | **BRED BY:** | | |  | | | | | **PARTICIPATION:** |  | |
|  | | | *Day / Month / Year* | | | | |  | | *State Dog or Bitch* | | | | | | | *If bred by Exhibitor, state EXH* | | | | | | *State Riding or Running* | |
| **SIRE:** | | |  | | | | | | | | | | | | | | | **SIRE REGISTERED NUMBER:** | | | | |  | |
| **DAM:** | | |  | | | | | | | | | | | | | | | **DAM REGISTERED NUMBER:** | | | | |  | |
| **REGISTERED OWNER:** | | | | |  | | | | | | | | | | | | | **DV MEMBERSHIP NUMBER:** | | | | |  | |
| **POSTAL ADDRESS:** | | | | |  | | | | | | | | | | | | | | | | | **POST CODE:** |  | |
| **EMAIL ADDRESS:** | | | | |  | | | | | | | | | | | | | | | | | **MOBILE NUMBER:** |  | |
| **RIDER OR RUNNERS NAME:** | | | | |  | | | | | | | | | | | | | | **DV MEMBERSHIP NUMBER:** | | | |  | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | |
| **EXHIBITORS DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXHIBITORS DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby apply to enter the foregoing exhibit in terms of and upon the conditions set out in the Association Constitution Rules and | | | | | | | | | | | | | | | | | | | | | | | | |
| Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars enclosed hereon. | | | | | | | | | | | | | | | | | | | | | | | | |
| **I AGREE TO THE DECLARATION:** | | | | | | |  | | Yes | | |  | No | | *(Please X the relevant box)* | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| *Sunday 24th April 2016 and will be capped at 20 entries.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHEQUE OR MONEY ORDER** | | | | | |  | | | | | | | | | | | | | | | | | | |
| *Please print this completed form and mail to the Trial Secretary along with your cheque or money order.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHEQUE PAYABLE TO:** | | | | | | American Staffordshire Terrier Club of Victoria Inc | | | | | | | | | | | | | | | | | | |
| **POSTAL ADDRESS:** | | | | | | PO Box 8068 Carrum Downs VIC 3201 | | | | | | | | | | | | | | | | | | |
| **DIRECT DEPOSIT** | | | | | |  | | | | | | | | | | | | | | | | | | |
| *Email this completed form to the Trial Secretary and deposit to the Commonwealth Bank placing your name and ET as the description.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMAIL:** | | | | | | amstaffclubofvic@gmail.com | | | | | | | | | | | | | | | | | | |
| **ACCOUNT NAME:** | | | | | | ASTCV Inc | | | | | | | | | | | | | | | | | | |
| **BSB NUMBER:** | | | | | | 063158 | | | | | | | | | | | | | | | | | | |
| **ACCOUNT NUMBER:** | | | | | | 10274501 | | | | | | | | | | | | | | | | | | |
| **ENTRY FEES** | | | | | |  | | | | | | | | | | | | | | | | | | |
| *Entry fees include the DOGS Victoria Levy and Catalogue. (Please X the relevant box)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | $35 for ASTCV Members | | | | |  | | $40 for Non-Members | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE** | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT DATE:** | | | |  | | | | | | | **PAYMENT TYPE:** | | | | |  | | | | | **CATALOGUE NUMBER:** | | |  |