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| **OFFICIAL ENDURANCE TRIAL ENTRY FORM** |
| **EVENT DATE:** |  |
| **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:** |  |
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| **EXHIBITORS DECLARATION** |
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| 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** |
| *Entries strictly close two weeks prior to event 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 27, Taylors Lakes VIC 3038 |
| **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:** |  |