

# 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, ENDURANCE TEST – NOT HELD AT DURACK ONLY

.....  
(Name of affiliate conducting show)

Date of Fixture: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Type of FIXTURE: .....

### ENDURANCE TEST

<i>Classes</i>	<i>Name of Judge</i>	<i>No. of dogs entered</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

This form is to be forwarded to **DOGS QUEENSLAND, WITHIN FOURTEEN (14) DAYS OF THE SHOW**, accompanied by a MARKED CATALOGUE and SURCHARGE PAYMENT.

### SURCHARGE:

<b>TOTAL No. OF ENTRIES</b>	.....	@	\$ .....	PER ENTRY
	.....	@	\$ .....	PER ENTRY
	.....	@	\$ .....	PER ENTRY
	.....	@	\$ .....	PER ENTRY
	.....	@	\$ .....	PER ENTRY
		<b>TOTAL</b>	\$ .....	

**ADMINISTRATION FEE: 10% OF TOTAL ENTRY FEES** \$ .....

**GROUND LEVY..... @ \$3.30 PER ENTRY** \$ .....

**TOTAL PAYABLE** \$ ..... (+ 10% GST)

Signed: ..... (Secretary) Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Phone: .....

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## CREDIT CARD PAYMENT DETAILS

NAME: \_\_\_\_\_

MASTERCARD

VISA

(tick one box)

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPIRY DATE: \_\_\_\_ - \_\_\_\_

AMOUNT \$ \_\_\_\_\_

CARDHOLDER'S PHONE NUMBER: \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_