DOGS QUEENSLAND

dags

POST CODE:

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

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

APPLICATION FOR GRAND CHAMPION TITLE

PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION SEX: MALE / FEMALE NAME OF DOG: **BREED: REGISTRATION NO: REGISTERED OWNER'S DETAILS: MEMBERSHIP NO. 1: MEMBERSHIP NO. 2:** TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss) ADDRESS: **POST CODE:** CONTACT NO.: (H) (B) (M) **BREEDER'S DETAILS:** TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss) ADDRESS:

PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION

<u>PLEASE NOTE:</u> All owners/co-owners must be financial members of the CCC (Q) t/as Dogs Queensland or an Interstate body recognised by the CCC(Q) before any dog can enter in a Championship Show or Dog Sports Trial. Any points/qualifying certificates gained after the 1st of January every year, if you have not renewed your membership, (due 31st December each year) will be <u>INVALID</u> (as per Rule 50).

You must renew your or apply for membership for FUTURE points/qualifying certificates to be valid.

THE APPLICATION IS TO BE SIGNED BY ALL OWNERS / CO-OWNERS

<u>IMPORTANT</u>: All challenge / qualifying certificate points are to be listed on the reverse side of this application. If any points have been gained in another state, copies of all certificates must accompany the application for title.

LAMINATING: A laminating service for Certificates is available. Please tick if laminating is required:

YOUR APPLICATION WILL BE RETURNED IF EITHER: (1) THE DOG'S CERTIFICATE OF REGISTRATION IS NOT ATTACHED OR (2) PAYMENT OF THE RELEVANT FEES IS NOT INCLUDED.

Please refer to the Queensland Dog World Magazine for Scale of Charges

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DETAILS OF CHALLENGE CERTIFICATES

			POINTS	FOR OFFICE USE
DATE OF SHOW	NAME OF SHOW	NAME OF JUDGE	AWARDED (IN DATE ORDER)	ONLY
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I / We declare that all information provided on this application is correct and in accordance with Challenge / Qualifying Certificates now in my / our possession, and acknowledge that these certificates must be produced, if required, for verification.

THE APPLICATION IS TO BE SIGNED BY ALL OWNERS / CO-OWNERS

Date / / 20	Signature(s):

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CREDIT CARD PAYMENT DETAILS

NAME:	MEMBERSHIP NUMBER:		
MASTERCARD	VISA (tick one box)		
CARD NUMBER:	CARD EXPIRY DATE:		
AMOUNT \$ CARDHOLDER'S PHONE NUMBER:			
CARDHOLDER SIGNATURE	Date / / 20		