



AUSTRALIAN SHEPHERD CLUB OF AMERICA
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FOR OFFICE USE ONLY			
DATE REC'D	REC'D BY	PROCESSED ON	PROCESSED BY

OBEDIENCE TRIAL REPORT

This form must be forwarded to the ASCA® Business Office within fifteen (15) days of the show end date or late fees will be charged.

Affiliate Club: _____ Show Date(s): _____ / _____ / _____ AM PM

Show Location (City, State): _____

Show Secretary: _____ Email: _____

Phone: (_____) _____ Cell: (_____) _____ Fax: (_____) _____

Judge Name: _____ ID#: _____ Assignment: _____

Judge Name: _____ ID#: _____ Assignment: _____

Judge Name: _____ ID#: _____ Assignment: _____

Judge Name: _____ ID#: _____ Assignment: _____

TOTAL COMPETING DOGS IN:

Novice A: _____ Novice B: _____ Open A: _____ Open B: _____ Utility A: _____ Utility B: _____

Were any long sits or downs combined? NO YES (list combined classes) _____

LIST ALL DOGS WITH A QUALIFYING SCORE IN THE REGULAR CLASSES.

A qualifying score must have (1) a score of 170 or above, (2) no zeroes, (3) met minimum total number of entries required. (Use back of report and additional pages if necessary.)

DOG NAME: _____ **Registration/Tracking #:** _____

Class: _____ **Score:** _____

Handler: _____ **Armband#:** _____ **Junior Handler:** NO YES

Owner(s): _____

DOG NAME: _____ **Registration/Tracking #:** _____

Class: _____ **Score:** _____

Handler: _____ **Armband#:** _____ **Junior Handler:** NO YES

Owner(s): _____

The information in this report is true and complete to the best of my knowledge and belief.

Name: _____ **Signature:** _____ **Date:** _____

OBEDIENCE TRIAL REPORT, cont'd.

Page: _____

Affiliate Club: _____ Show Date(s): _____ AM PM

DOG NAME: _____ Registration/Tracking #: _____

Class: _____ Score: _____

Handler: _____ Armband#: _____ Junior Handler: NO YES

Owner(s): _____

DOG NAME: _____ Registration/Tracking #: _____

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Class: _____ Score: _____

Handler: _____ Armband#: _____ Junior Handler: NO YES

Owner(s): _____

DOG NAME: _____ Registration/Tracking #: _____

Class: _____ Score: _____

Handler: _____ Armband#: _____ Junior Handler: NO YES

Owner(s): _____

DOG NAME: _____ Registration/Tracking #: _____

Class: _____ Score: _____

Handler: _____ Armband#: _____ Junior Handler: NO YES

Owner(s): _____

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Class: _____ Score: _____

Handler: _____ Armband#: _____ Junior Handler: NO YES

Owner(s): _____

DOG NAME: _____ Registration/Tracking #: _____

Class: _____ Score: _____

Handler: _____ Armband#: _____ Junior Handler: NO YES

Owner(s): _____

DOG NAME: _____ Registration/Tracking #: _____

Class: _____ Score: _____

Handler: _____ Armband#: _____ Junior Handler: NO YES

Owner(s): _____

The information in this report is true and complete to the best of my knowledge and belief.

Name: _____ Signature: _____ Date: _____