

Dogs A.C.T.

A.C.T Canine Association inc.

CONFORMATION JUDGES TRAINING PROGRAM - 2011 APPLICATION FOR ASPIRING JUDGE PROGRAM & ENTRANCE EXAMINATION (1st Group or Single Breed only, excluding German Shepherd Dog) (Anatomy, Rules & Regulations, Glossary of Terms, Judging Procedures & Show Management)

Mr/Mrs/Miss _____ Membership No. _____
(First name) (Last name)

Address: _____ Postcode: _____

Phone: (H) _____ (B) _____ (M) _____ Email: _____

1. Date of birth: _____ (Must be 18 years or over ANKC 4.1.1 & 7.1.1)

2. When did you join Dogs ACT (yr)? _____ (Minimum of 8 years ANKC 4.1.2 & 7.1.2)

3. List the names of the Dams and the whelping date of three (3) litters you have bred either under your own prefix or shared prefix (ANKC 4.1.3 & 7.1.3)

	Prefix:	Name of Dam:	Whelping date:
A:	_____	_____	_____
B:	_____	_____	_____
C:	_____	_____	_____

4. List two (2) dogs with the title of Champion bred under your own or shared prefix (ANKC 4.1.4 & 7.1.4)

	Dogs name:	Registration number:
A:	_____	_____
B:	_____	_____

5. If your involvement has not been as a breeder, but through association with family or others, please provide details on a separate sheet of paper, and include co-ownerships, handling and preparation experience, etc. (ANKC 12.2)

6. Attach to this Application a copy of your Stewards Card evidencing your six (6) stewarding appointments within the preceding 2 years, three (3) of which are Group Appointments. (ANKC 4.1.5 a).

7. Provide information on your involvement with Show Management or other aspects of Affiliate and Show Administration in the past two (2) years. (ANKC 4.16)

I hereby apply to enrol for the Aspiring Judge Entrance Examination on the terms and conditions as published in DogsACT journals and the following Regulations - (i) [ANKC Regulations Part 3- Judges Training & Examination Program](#), (ii) [Dogs ACT Regulations](#), (iii) [Dogs NSW Supplementary regulations for Judges Training](#) (available on the individual web sites).

Signature of applicant: _____ Date: _____

This Application must be returned, together with the Program Fee of **\$110.00**, to
"Dogs A.C.T P.O. Box 815, Dickson ACT 2602"
NO LATER than 4.00pm on Wednesday 15 September 2010.

CREDIT CARD DETAILS: Type: _____ Expiry date: _____
Visa card /Master card/Debit card.

Card number:

A flat fee of \$1.00 for services paid to credit card provider will apply.

Please debit my credit card for the amount of:

Signature:

**FEES ALSO PAYABLE BY CHEQUE OR MONEY ORDER
ALL REMITTANCES PAYABLE TO - "DOGS A.C.T"**