**SCENT WORK ENTRY FORM**

To be held under the Rules and Regulations of the State/Territory Member Body

**Note**: Writing shall be in ink, and all names (ie dog and owner) shall be in block letters.

|  |  |
| --- | --- |
|  | Affiliate |

(Name of club conducting trial)

|  |  |
| --- | --- |
| Date of Trial |  |

**EXHIBITOR’S DECLARATION**

I hereby apply to enter the following exhibit in terms of and upon the conditions set out in the State/Territory Member Body’s Constitution Rules and Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars endorsed hereon.

|  |  |
| --- | --- |
| Breed |  |

|  |  |
| --- | --- |
| Name of Exhibit |  |

Details of dog entered must be identical with the registration of the Canine Control with which the dog is registered

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Sex |  | Registered No |  |
|  |  |  | State D or B |  |  |

|  |  |
| --- | --- |
| Name of Registered Owner(s)/Lessee(s) |  |
| (Mr, Mrs, Ms, Miss - BLOCK LETTERS please) |  |

|  |  |
| --- | --- |
| Name of Handler (if different to above) |  |
| (Mr, Mrs, Ms, Miss - BLOCK LETTERS please) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Membership No |  | | |
| Postal Address |  | | |
| Email Address |  | Telephone |  |

## ELEMENT AND CLASS ENTERED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Element** | **Container** | **Interior** | **Exterior** | **Vehicle** |
| Novice |  |  |  |  |
| Advanced |  |  |  |  |
| Excellent |  |  |  |  |
| Master |  |  |  |  |

I certify that this exhibit has been vaccinated in accordance with Member Body Rules.

|  |  |
| --- | --- |
| Usual Signature of Owner/Lessee |  |

|  |  |
| --- | --- |
| Entry Fees |  |
| Catalogue |  |
| Sundries |  |
| Total |  |
| Payment method and date |  |