

AMATEUR FIELD TRIAL CLUBS OF AMERICA, INC.

REGION 6

Angie Williams, Secretary/Treasurer
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APPLICATION FOR REGIONAL CHAMPIONSHIPS				
NAME OF CHAMPIONSHIP: (check one)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">All Age Dog <input type="checkbox"/></td> <td style="text-align: center; width: 33%;">Shooting Dog <input type="checkbox"/></td> <td style="text-align: center; width: 33%;">Walking <input type="checkbox"/></td> </tr> </table>	All Age Dog <input type="checkbox"/>	Shooting Dog <input type="checkbox"/>	Walking <input type="checkbox"/>
All Age Dog <input type="checkbox"/>	Shooting Dog <input type="checkbox"/>	Walking <input type="checkbox"/>		
SPONSORING CLUB:				
CLUB OFFICERS:	PRESIDENT:			
	VICE PRESIDENT:			
	SECRETARY:			
STAKE MANAGER:				
LOCATION OF VENUE:				
DESCRIPTION OF VENUE:				
NUMBER OF COURSES:				
TYPE OF GAME (native or released):	Native Released			
APPROXIMATE STARTING DATE:				
APPLICANT'S SIGNATURE:				
APPLICANT'S ADDRESS:	<i>Street Address</i>			
	<i>City</i> <i>State</i> <i>Zip</i>			
APPLICANT'S PHONE NUMBER:				
DATE:				
PLEASE RETURN TO Angie Williams VIA EMAIL OR MAIL AT THE ABOVE INFORMATION				