

FORM FOR ESSENTIAL DATA

NAME OF CLUB: _____ **DATE OF TRIAL:** _____

PLACE OF TRIAL: _____ One Course Multiple Course

Trial Run In Accordance With Minimum Requirements: Yes No

TITLE OF STAKE: _____ Length of Heats: _____

JUDGES: _____
(Name) (Address)

_____ (Name) (Address)

_____ (Name) (Address)

For Dogs Whelped On or After (Give Date): _____

Number of Starters: _____ **Pointers:** _____ **Setters:** _____ **Other:** _____

FIRST PLACE TO:		BREED:		SEX:	
FDSB Reg. No:		Whelping Date:		COLOR:	
Sire:		Dam:			
Owner:		City, State:			
Handler:		City, State:			

SECOND PLACE TO:		BREED:		SEX:	
FDSB Reg. No:		Whelping Date:		COLOR:	
Sire:		Dam:			
Owner:		City, State:			
Handler:		City, State:			

THIRD PLACE TO:		BREED:		SEX:	
FDSB Reg. No:		Whelping Date:		COLOR:	
Sire:		Dam:			
Owner:		City, State:			
Handler:		City, State:			

Judge's Signature

Judge's Signature

IMPORTANT: FILL OUT ACCURATELY AND COMPLETELY
SEND PROMPTLY AFTER COMPLETION OF TRIALS TO: