

# DOGS NSW

## CHAMPIONSHIP OR AWARD



**FEE: \$33.00**  
**CONCESSION: \$30.00**

**Business Address:**

The Bill Spilstead Complex for Canine Affairs  
 44 Luddenham Rd, Orchard Hills NSW 2748

**Postal Address:**

PO Box 632, St. Marys NSW 1790

Ph: (02) 9834 3022

Fax: (02) 9834 3872

Website: [www.dogsnsw.org.au](http://www.dogsnsw.org.au)

Email: [info@dogsnsw.org.au](mailto:info@dogsnsw.org.au)

**This application must be accompanied by Challenge Certificates/Awards (photocopies are permitted).**  
 The **ORIGINAL** Certificate of Registration & Pedigree **MUST** also be submitted with this application.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>SASH: \$23.00</b><br><input type="checkbox"/> <b>COLLECT FROM DOGS NSW OFFICE</b><br><input type="checkbox"/> <b>1 HOUR EXPRESS - PICK UP: \$65.00</b><br><input type="checkbox"/> <b>1 HOUR - SAME DAY EXPRESS POST: \$65.00</b> | <input type="checkbox"/> <b>DUPLICATE TITLE CERTIFICATE: \$23.00</b><br><input type="checkbox"/> <b>POST (Tracking Included)</b><br><input type="checkbox"/> <b>EXPRESS POST: \$8.80</b><br><input type="checkbox"/> <b>24 HOUR EXPRESS: \$45.00 (Select either Collect or Post above)</b> |
|---|--|

<b>BREED:</b>	<b>SEX:</b>
<b>NAME OF DOG:</b>	<b>REG.No.</b>
<b>NAME OF REGISTERED OWNER/S</b>	
<b>ADDRESS:</b>	
<b>SUBURB:</b>	<b>POST CODE:</b>
<b>CONTACT NUMBER:</b>	<b>DOGS NSW MEMBERSHIP No.</b>
<b>EMAIL:</b>	

Please complete the Breeder's name and address below and a Breeder's Certificate will be sent direct.

<b>BREEDERS NAME:</b> Mr/Mrs/Ms/Miss/Other	
<b>BREEDER'S ADDRESS:</b>	
<b>SUBURB:</b>	<b>POST CODE:</b>

Indicate below the full title/award that you are applying for (including level if applicable)

**TITLE/AWARD:**

**For list of available Titles and Awards and if sashes are available, please view the link on the DOGS NSW Website [www.dogsnsw.org.au/awards-and-titles.html](http://www.dogsnsw.org.au/awards-and-titles.html)**

**Credit Card Details**     Mastercard     Visa    Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    CCV No: \_\_\_\_\_

Card Number   

\* \$1.00 for services paid by credit cards will apply.

Please debit my credit card for the amount of \$ \_\_\_\_\_ + \$1.00 Credit Card surcharge

Signature of cardholder: \_\_\_\_\_

The completed application should be forwarded to: DOGS NSW, P.O. Box 632, ST MARYS NSW 1790



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## CHAMPIONSHIP OR AWARD APPLICATION CHECKLIST



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**The following check list is to be completed to ensure your application is correct and contains all documents required when submitting to the office.**

- ALL owners **MUST** be financial members of DOGS NSW or a financial member of an ANKC Ltd Member Body
- The **ORIGINAL** Certificate of Registration & Pedigree **MUST** be submitted with this application
- All Challenge/Qualifying Certificates **MUST** be submitted with the application
- Are all Challenge/Qualifying certificates clearly listed on the back of the application?
- Have you listed the Titles being applied for on the first page of the application?
- Have all registered owners signed the second page of the application?

I/We being the registered owner(s) of the Prefix hereby declare that we have provided all information listed on the checklist to ensure our application can be processed.

All Owners' Signature(s)

Date