



## DOGS NSW - APPLICATION FOR SHOW/TRIAL/EVENT DATE

### AFFILIATE DETAILS:

Affiliate Name:

Secretary Name:

Postal Address::

Suburb:

State:

Postcode:

Email:

Contact Number:

### SHOW/TRIAL/EVENT DETAILS:

Show/Trial/Event Type:

New Date:

Old Date (If Changing Dates):

### REASON FOR REQUEST:

### SECRETARY:

Signature:

Date:

### PROCESS:

This Application will first be checked by the Show Administrator then forwarded to the relevant Committee for consideration. Once the Committee has considered the application, it will then be forwarded to the next available Board of Directors Meeting with a recommendation from the Committee as to whether the application will be approved.

Please refer to the DOGS NSW Website for when the relevant Committee Meeting is scheduled to meet.

The completed application should be forwarded to: The Show Administrator, DOGS NSW, P.O. Box 632, St Marys NSW 1790  
Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW  
Phone 02 9834 3022 or email [info@dogsnsw.org.au](mailto:info@dogsnsw.org.au)