



AUSTRALIAN SHEPHERD CLUB OF AMERICA
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DATE REC'D	REC'D BY	PROCESSED ON	PROCESSED BY

CONFORMATION SHOW REPORT

INTACT **ALTERED**

*This form must be forwarded to the ASCA business office within fifteen (15) days of the show date or a late fee will be charged.
 Original completed entry forms from the dogs listed below must accompany this form.*

Affiliate Club: _____ Show Date: ____/____/____ AM PM

Show Location (City, State): _____

Show Secretary: _____ e-mail: _____

Phone: (____) _____ cell: (____) _____ fax: (____) _____

Judge (regular conformation): _____ Judge #: _____

Total Competing Special Dogs: _____ Total Competing Special Bitches: _____ Total Competing Class Dogs: _____ Total Competing Class Bitches: _____

BEST OF BREED: _____ Sex: M F

Registration #: _____ Handler: _____ Jr. Handler? NO YES

Armband #: _____ Owner(s): _____

BEST OPPOSITE SEX: _____ Sex: M F

Registration #: _____ Handler: _____ Jr. Handler? NO YES

Armband #: _____ Owner(s): _____

BEST OF WINNERS: _____ WD WB

WINNER'S DOG: _____ Point Schedule: _____

Registration #: _____ Handler: _____ Jr. Handler? NO YES

Armband #: _____ Owner(s): _____

WINNER'S BITCH: _____ Point Schedule: _____

Registration #: _____ Handler: _____ Jr. Handler? NO YES

Armband #: _____ Owner(s): _____

RESERVE WINNER'S DOG: _____

Registration #: _____ Handler: _____ Jr. Handler? NO YES

Armband #: _____ Owner(s): _____

RESERVE WINNER'S BITCH: _____

Registration #: _____ Handler: _____ Jr. Handler? NO YES

Armband #: _____ Owner(s): _____

The information in this report is true and complete to the best of my knowledge and belief.

Show Coordinator: _____ Phone: _____

Signature: _____ Date: _____