

Title.....Name.....

Address.....

.....

Post Code.....

Tel.....E/Mail address.....

Affix.....

PLEASE INDICATE WHETHER YOU WISH TO BE CONSIDERED FOR INCLUSION (please tick)

AS a SPECIALIST ___ or NON-SPECIALIST ___ (ONLY ONE MAY BE SELECTED)

EXPERIENCE IN THE BREED

Period of involvement in Bordeaux related activities.....years

Number of Bordeaux registered in your name at the Kennel Club.....

In the box below please add Names and KC numbers of dogs bred by you which have had success at Championship show level which may be relevant to your application.

[Non Breed Specialists please name the dogs in your own breed, which you have had show success, which may be relevant to your application]

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RING STEWARDING INFORMATION

No	Show Society	No of Classes	Show Type (Ch. Open, Limit)	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

