



# ESSENTIAL DATA FORM

Name of Trial: \_\_\_\_\_  
 Name of Host Club: \_\_\_\_\_  
 Address of Club: \_\_\_\_\_  
 Place of Trial: \_\_\_\_\_ State: \_\_\_\_\_

**Event Type**    Club/Week End Trial    Regional Championship  
 State Classic    National Championship

Trial run in accordance with minimum requirements & NBHA rules:    yes    no

Trial Chairman:   Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Title of Stake: \_\_\_\_\_ Trial Date: \_\_\_\_\_

Judge: \_\_\_\_\_  
 Printed Name   Signature   Complete Address  
 Judge: \_\_\_\_\_  
 Printed Name   Signature   Complete Address

Number of Starters: \_\_\_\_\_ Pointers: \_\_\_\_\_ Setters: \_\_\_\_\_ Others: \_\_\_\_\_

**1st Place**   Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Picture on File:    Yes    No  
 FDSB Reg. No. \_\_\_\_\_ Date Whelped: \_\_\_\_\_ Sire (Name): \_\_\_\_\_  
 Address Change:    Dam (Name): \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Points: \_\_\_\_\_  
 Complete Address \_\_\_\_\_  
 Handler: \_\_\_\_\_ Phone: \_\_\_\_\_ Points: \_\_\_\_\_  
 Complete Address \_\_\_\_\_

Number of Starters: \_\_\_\_\_ Pointers: \_\_\_\_\_ Setters: \_\_\_\_\_ Others: \_\_\_\_\_

**2nd Place**   Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Picture on File:    Yes    No  
 FDSB Reg. No. \_\_\_\_\_ Date Whelped: \_\_\_\_\_ Sire (Name): \_\_\_\_\_  
 Address Change:    Dam (Name): \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Points: \_\_\_\_\_  
 Complete Address \_\_\_\_\_  
 Handler: \_\_\_\_\_ Phone: \_\_\_\_\_ Points: \_\_\_\_\_  
 Complete Address \_\_\_\_\_

Number of Starters: \_\_\_\_\_ Pointers: \_\_\_\_\_ Setters: \_\_\_\_\_ Others: \_\_\_\_\_

**3rd Place**   Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Picture on File:    Yes    No  
 FDSB Reg. No. \_\_\_\_\_ Date Whelped: \_\_\_\_\_ Sire (Name): \_\_\_\_\_  
 Address Change:    Dam (Name): \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Points: \_\_\_\_\_  
 Complete Address \_\_\_\_\_  
 Handler: \_\_\_\_\_ Phone: \_\_\_\_\_ Points: \_\_\_\_\_  
 Complete Address \_\_\_\_\_

**Mail Copy (and \$3.00 per dog)**  
 Ken Sauer  
 13107 Pine Dr  
 Cypress, TX 77429-3199

**Mail Copy**  
 Linda Hunt  
 Secy., A.F.T.C.A.  
 1300 Tripp Road  
 Somerville, TN 38068

**Mail Copy**  
 American Field  
 542 S. Dearborn St.  
 Suite # 1350  
 Chicago, IL 60605

**Mail Copy**  
 Your State  
 Organization with  
 your state dues (if  
 any.)