



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: _____

Registered Name of Dog: _____

1st Place Breed: _____ Sex: _____ Color: _____

Picture on File: Yes No

FDSB Reg. No. _____ Date Whelped: _____ Sire (Name): _____

Address Change: Dam (Name): _____

Owner: _____ Phone: _____ Dog Points: _____

Complete Address

Handler: _____ Phone: _____ Handler Points: _____

Complete Address

Registered Name of Dog: _____

2nd Place Breed: _____ Sex: _____ Color: _____

Picture on File: Yes No

FDSB Reg. No. _____ Date Whelped: _____ Sire (Name): _____

Address Change: Dam (Name): _____

Owner: _____ Phone: _____ Dog Points: _____

Complete Address

Handler: _____ Phone: _____ Handler Points: _____

Complete Address

Registered Name of Dog: _____

3rd Place Breed: _____ Sex: _____ Color: _____

Picture on File: Yes No

FDSB Reg. No. _____ Date Whelped: _____ Sire (Name): _____

Address Change: Dam (Name): _____

Owner: _____ Phone: _____ Dog Points: _____

Complete Address

Handler: _____ Phone: _____ Handler 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.)