

SCHUTZHUND AUSTRALIA INC.



SCHUTZHUND
AUSTRALIA

APPLICATION FOR A SPORTPASS

(Mandatory for all Trial Handlers)

Surname:

Given Names:

Date of Birth:

Place of Birth:

Address:

.....

..... Postcode

Applicant's Signature

Phone: Fax:

Email Address:

Affiliated Club:

Club Secretary's Signature:

Club Stamp: Date:

(Note this form must be stamped and Club Secretary must sign.)

OFFICE USE:

Sportpass No:

Date of Issue: Administrator of Records: