

THE EILEEN BATTLE “HAT TRICK” AWARD APPLICATION

Dog’s Registered Name _____

CKC # _____ Sex _____ Date of Birth _____

Breeder (s) _____

Owner (s) _____

Address of Primary Owner _____

City/Province/Postal Code _____

Telephone number _____ Email _____

QUALIFICATIONS

Event – GRCC National Specialty – Year _____ Location _____

1) Field Event Pass or Placement _____

Additional Class/Stake placements or qualifications:

2) _____

3) _____

The above information will be confirmed with the host club via the show/trial/test secretaries.
Applications must be received by the Club within 90 days of the final day of all the National Specialty events.

I hereby affirm that the above information is true, to the best of my knowledge.

Signature of Applicant _____ Date _____

Mail or email your application to:

Jill Cairns
2222 Garnet St. Regina, SK S4T 2Z9
jillean@sasktel.net

The GRCC would like to recognize your achievement in our “Golden Leaves” newsletter. Please submit a photograph and short write-up to the above address. If the photo is sent by mail, please mark the back with the dog’s name.