ESSENTIAL DATA FORM

Name of Club_____ Date of Trial_____

Place of Trial_____ Number of Courses _____

Trial Run in Accordance with Minimum Requirements ☐ Yes No ☐

Title of Stake_____ Length of Heats_____

Judges (Please list name & address)

_____

_____

_____

_____

_____

For Dogs Whelped On or After (Give Date)_____

Number of Starters _____ Pointers _____ Setters _____ Other

1st Place to_____ Breed_____ Sex_____

F.D.S.B No._____ Whelping Date_____ Color_____

Sire_____ Dam_____

Owner_____ City & State_____

Handler_____ City & State_____

2nd Place to_____ Breed_____ Sex_____

F.D.S.B No._____ Whelping Date_____ Color_____

Sire_____ Dam_____

Owner_____ City & State_____

Handler_____ City & State_____

3rd Place to_____ Breed_____ Sex_____

F.D.S.B No._____ Whelping Date_____ Color_____

Sire_____ Dam_____

Owner_____ City & State_____

Handler_____ City & State_____

_____ _____

(Judge's Signature) ***(Judge's Signature)***

Important: Fill out accurately and completely!

Send Promptly after completion of trials to:

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