

NAFA Tournament Entry Form

Tournament #		Tournament Classes	Tournament Fee	choose
Tournament Dates		Regular		
Closing Date		Open		
		N/A		
		N/A		

Host Club # and Name			Saturday	
Tournament Director			Sunday	
Contact Street Address			Both	
City, State, Province, Country				
Contact Phone				
Email				

Team Name/Number		Seed Time	
Captain			
Address			
City			
State/Province			
Zip/Postal			
Phone			
E-mail			

Can you help at the tournament?

Box Judge	Yes	No	Name	
Line Judge	Yes	No	Name	
Teams you run with/captain				

Register the team:

1	Handler		Dog's Name	
	Breed		CRN#	
	Title		Jump Height	
2	Handler		Dog's Name	
	Breed		CRN#	
	Title		Jump Height	
3	Handler		Dog's Name	
	Breed		CRN#	
	Title		Jump Height	
4	Handler		Dog's Name	
	Breed		CRN#	
	Title		Jump Height	
5	Handler		Dog's Name	
	Breed		CRN#	
	Title		Jump Height	
6	Handler		Dog's Name	
	Breed		CRN#	
	Title		Jump Height	

Please provide/confirm contact person and e-mail address for next year:

E-Mail Address	
Contact Person	