

NAFA® Rules and Policies

C.7 Regional Director Measuring Worksheet

Date: _____ Event Number: _____
 Regional Director: _____ Measuring Official: _____

This form is to be completed at the time of measuring. Any issues or concerns with measuring should be discussed with the Measuring Official before a follow-up is requested.

	CRN	Dog Name	Follow-up Requested	Comments
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Regional Director Signature: _____