



Name of Affiliate/Organisation: _____

Name of Secretary: _____

Phone Number (AH): _____ Mobile: _____

Email Address: _____

Type of Event: _____

Date of Fixture/Event: _____ Time Judging Commences: _____

Time Access is Required: _____ Departure Time: _____

REQUIREMENTS

Rm 1 Rm 2 Rm 3 Rm 4 Rm 5 Rm 6 Not Required
(Upstairs) (Upstairs) (Upstairs)

Indoor Exhibition Area Outdoor Exhibition Area

No. of Rings Indoors: _____ No. of Rings Outdoors: _____

RING SET UP

By Club By Caretaker

EXTRA NOTES REGARDING BOOKING (e.g. Sponsors, photographers, judges catering requirements)

ATTENDANCE

Show Entry (est.): _____ No. of Exhibitors(est.): _____

CALABRIA CLUB CATERING Requested Preferred No
(note: catering is subject to the number of exhibitors/people on the day)

Nominated person responsible for securing the facility at event close: _____ Phone: _____

Your Name: _____ Signature: _____

Failure to complete tasks on the event checklist may incur a \$100 fine to the relevant affiliate/subcommittee/member.

Please note we will do our best to accommodate your club's request, but we cannot guarantee your request. The allocations are at Dogs Victoria discretion dependent upon events on the day.