



AFFILIATE DETAILS:		
Affiliate Name:		
Secretary Name:		
Postal Address:		
Suburb:	State:	Postcode:
Email:		
Contact Number:		

SHOW/TRIAL/EVENT DETAILS:		
Show/Trial/Event Type:		
Venue Of Event & Area Required:		
Old Date (If Changing Dates):		
New Date:		
Do you wish the above to apply annually or for one year only?		

REASON FOR REQUEST:		

SECRETARY:	
Signature:	Date:

PROCESS:
<p>This application will first be checked by the Calendar & Events Committee then forwarded to the relevant subcommittee for consideration. Once the committee has considered the application, it will then be forwarded to the next available management committee meeting with a recommendation from the committee as to whether the application will be approved.</p> <p>Please refer to the DOGS VICTORIA website for when the next management committee meeting is scheduled to meet.</p>

The completed application should be forwarded to: The Calendar and Events Committee -
calendar@dogsvictoria.org.au



t: 9788 2500

calendar@dogsvictoria.org.au

655 Westernport Hwy Sky, VICTORIA 3977

www.dogsvictoria.org.au