DOGS VICTORIA
YOUR CANINE COMMUNITY
Est. 1930

APPLICATION TO PARTICIPATE IN THE SLED SPORTS JUDGES TRAINING SCHEME

APPLICANT DETAILS

NAME _____

ADDRESS _____

_____ **Post Code** _____

PHONE: (Bus) _____ **(Mobile)** _____ **(Home)** _____

EMAIL: _____

Dogs Victoria (or other ANKC Member Body) Membership Number: _____

APPLICATION TO JOIN SLED SPORTS JUDGES TRAINING SCHEME

(For those persons entering the Sled Sports Training Scheme only) **See regulations relating to "How to become a Sled Sports Judge".**

SLED SPORTS DISCIPLINE: ☐ BACKPACKING ☐ SLED RACING ☐ WEIGHT PULL ☐ BIKEJORING ☐ CANICROSS

Please select one discipline only

Applicants must have:

- Trained and trialled a sled sports dog in the discipline being applied for.
- Acted as organiser, marshal, time recorder or other official capacity for at least three sled sports events in the discipline I am applying for.

Give details of practical experience including participation and officiating at events in the discipline being applied for:

Give the name and registered number of dogs trained and trialed in the discipline being applied for:

If insufficient room please attach separate sheet.

t: 9788 2500 f: 9788 2599
events@dogsvictoria.org.au
655 Westernport Hwy Skye, VICTORIA 3977
www.dogsvictoria.org.au

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☐ Please tick if you require **distance assessment** (must reside in excess of 100km from exam venue):

Interstate Applicants please note: A letter from your State/Territory Member Body confirming 5 years of continuous membership must be submitted with this application form.

DECLARATION

I have been a member of DOGS Victoria (Victorian Canine Association Inc.) or equivalent State/Territory Member Body since _____ (state year of joining). Minimum membership is five (5) years.

Note: if seeking dispensation from this requirement, please attach details of your experience in the discipline being applied for.

I have trained and trialed a dog in the sled sport discipline I am applying to judge.

I declare that I am physically fit and capable of judging in accordance with the Rules and in the normal accepted manner, and if required I am prepared to undergo a medical fitness test and/or vision test at the discretion of the Control. I further accept the Control may refuse to grant any renewal of licence and may cancel or suspend for any period or vary in any way any licence already granted. or may grant, in part, only an application for renewal of licence.

Signed: _____ Date _____

PAYMENT DETAILS

PLEASE ENCLOSE FEE WITH YOUR APPLICATION TO ENTER THE JUDGES TRAINING SCHEME

Please see the Dogs Victoria Scale of Charges for current fee.

(Fee includes GST)

APPLICATION WILL NOT BE ACCEPTED WITHOUT LODGEMENT FEE *(Non-Refundable)*

METHOD OF PAYMENT (Please tick): ☐ CASH ☐

☐ DIRECT DEPOSIT: Victorian Canine Assoc. Bendigo Bank BSB: 633 000 A/C: 112 552 542

Direct Deposit Reference (membership number): _____

☐ CREDIT CARD: MasterCard ☐ VISA ☐ Expiry date: _____ CVV: _____

Credit Card Number: | | | | | | | | | | | | | | | | |

Name on card: _____ **AMOUNT PAID: $**_____

Cardholder's signature: _____ Date: _____

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