



## APPLICATION FORM

Application is made for the following Title(s):

Agility Champion (AgCh)

Agility Grand Champion (AgGrCh)

Multiple Agility Grand Champ (AgGrCh2,3,4)

Agility Supreme Champ (AgSupCh)

Name of Dog:

DogsNZ # of Dog:

Date of Birth:

Name of Owner:

DogsNZ # of Owner:

Name of Handler:

DogsNZ # of Handler:

Contact Address:

Phone:

Email Address:

### CLUB PRESIDENT, SECRETARY or AGILITY COMMITTEE MEMBER DECLARATION

I have sighted and counted the clear round and qualifying certificates for the dog above and confirm that the dog has gained

\_\_\_\_\_ (insert number of certificates that qualify)

I confirm that the following criteria has been met

#### Agility Champion

Six (6) Agility Challenge Certificates, at least one being a first place, under three different judges.

Total of 10 clear round certificates in senior classes.

Four (4) AD certificates OR

Previously qualified ADX

#### Agility Grand Champion

Twenty (20) Agility Challenge Certificates, at least ten being a first place.

Six (6) ADX certificates OR

Previously qualified ADX Gold

#### Multiple Agility Grand Champion

Forty (40) Agility Challenge Certificates.

Sixty (60) Agility Challenge Certificates

Eighty (80) Agility Challenge Certificates.

#### Agility Supreme Champion

One Hundred (100) Agility Challenge Certificates.

**All certificates must be achieved at Championship Agility Events.**

Name:

Signature:

Phone:

Position:

Date:

Email this form to [enquiries@dogsnz.org.nz](mailto:enquiries@dogsnz.org.nz)

Posted forms will no longer be accepted by Dogs NZ.