

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@dogs nz.org.nz

Posted forms will no longer be accepted by Dogs NZ.