



Entry Form
AAC National 3-dog team Award



(One Form per Team)

Team Name: _____

Team Region: _____

Handler Name 1: _____ Handler AAC #: _____

Address: _____

Town: _____ Prov: _____ Postal Code: _____

Dog Name 1: _____ Dog AAC ID #: _____

Height dog will be jumping: 4" 8" 12" 16" 20" 24"

Category: Regular Special Veteran Double-Drop Veteran

Handler Name 2: _____ Handler AAC #: _____

Address: _____

Town: _____ Prov: _____ Postal Code: _____

Dog Name 2: _____ Dog AAC ID #: _____

Height dog will be jumping: 4" 8" 12" 16" 20" 24"

Category: Regular Special Veteran Double-Drop Veteran

Handler Name 3: _____ Handler AAC #: _____

Address: _____

Town: _____ Prov: _____ Postal Code: _____

Dog Name 3: _____ Dog AAC ID #: _____

Height dog will be jumping: 4" 8" 12" 16" 20" 24"

Category: Regular Special Veteran Double-Drop Veteran

Email completed form and questions to : wendybeard.aac@gmail.com