<b>GRCC ANNUAL AWARDS APPLICATION FORM</b>		
TROPHY NAME		
DOG'S REG. NAME		
CKC REGISTRATION # DATE OF BIRTH		
OFA# or OVC#		
DATE OF CURRENT EYE EXAMINATION		

NOTE: copies of ALL clearances (hip and eye) **OR** spay/neuter certificate must be enclosed

OWNER(S):		
ADDRESS:CITY/TOWN/PROV.:		
	TELEPHONE: ()	
E-MAIL:		
Submit this application by June 1 <sup>st</sup> , 2012 to: Kim Sheehan kim.a.sheehan@gmail.com 902 Florence Terrace Victoria, BC V9B 4H7 Phone: 250.888.1160 Applications received after June 1 <sup>st</sup> , 2012 will not be considered		
Date Event O	Class Accomplishment Point Value	
	ed in the GRCC Awards Booklet, have been met; that the dog described d that the information listed on this application form is correct.	