

ESSENTIAL DATA FORM

Name of Club _____ Date of Trial _____

Place of Trial _____ Number of Courses _____

Trial Run in Accordance with Minimum Requirements Yes No

Title of Stake _____ Length of Heats _____

Judges (Please list name & address)

For Dogs Whelped On or After (Give Date) _____

Number of Starters _____ Pointers _____ Setters _____ Other

1st Place to _____ Breed _____ Sex _____

F.D.S.B No. _____ Whelping Date _____ Color _____

Sire _____ Dam _____

Owner _____ City & State _____

Handler _____ City & State _____

2nd Place to _____ Breed _____ Sex _____

F.D.S.B No. _____ Whelping Date _____ Color _____

Sire _____ Dam _____

Owner _____ City & State _____

Handler _____ City & State _____

3rd Place to _____ Breed _____ Sex _____

F.D.S.B No. _____ Whelping Date _____ Color _____

Sire _____ Dam _____

Owner _____ City & State _____

Handler _____ City & State _____

(Judge's Signature)

(Judge's Signature)

Important: Fill out accurately and completely!

Send Promptly after completion of trials to:

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542 S. Dearborn Street
Suite 1350
Chicago, IL 60605**

