



AFFILIATE DETAILS:		
Affiliate Name:		
Secretary Name:		
Postal Address:		
Suburb:	State:	Postcode:
Email:		
Contact Number:		

SHOW/TRIAL/EVENT DETAILS:		
Show/Trial/Event Type:		
Venue Of Event:		
Old Date (If Changing Dates):		
New Date:		
Do you wish the above to apply annually or for one year only?		

REASON FOR REQUEST:		

SECRETARY:	
Signature:	Date:

PROCESS:
<p>This application will first be checked by the Events & Calendar committee then forwarded to the relevant subcommittee for consideration. Once the committee has considered the application, it will then be forwarded to the next available management committee meeting with a recommendation from the committee as to whether the application will be approved.</p> <p>Please refer to the DOGS VICTORIA website for when the next management committee meeting is scheduled to meet.</p>

The completed application should be forwarded to: The Calendar Committee DOGS VICTORIA, LOCKED BAG K9,
CRANBOURNE VIC 3977
VICTORIAN CANINE ASSOCIATION INC ABN 97 452 215 878 REG NO. A0023882W trading as DOGS VICTORIA
Phone 03 9788 2500 or email calendar@dogsvictoria.org.au



t: 9788 2500

calendar@dogsvictoria.org.au

655 Westernport Hwy Sky, VICTORIA 3977

www.dogsvictoria.org.au