DOGS VICTORIA
YOUR CANINE COMMUNITY
Est. 1930

LURE OPERATOR AGREEMENT
SPRINTDOG™ TRIAL

NAME OF AFFILIATE: _____

TRIAL SECRETARY: _____ PHONE: _____

ADDRESS: _____

_____

The committee invites _____ for the position of

Lure Operator at SprintDog™ Trial

Scheduled Entry Cap: _____

Number of Drivers: ☐ 1 ☐ 2

to be held at _____ on _____

_____ commencing at _____

Please complete the section below and return it to the Trial Secretary.

Please Note: If, for any reason, you are unable to fulfil this agreement, it is your responsibility to notify the Trial Secretary.

LURE OPERATOR TO COMPLETE

I, _____ accept the appointment as Lure Operator.

at your ☐ SprintDog™ Trial

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

PHONE: _____

PETROL / EXPENSES PER DAY: _____ ACCOMMODATION PER DAY: _____

TOTAL AMOUNT DUE AT THE CONCLUSION OF THE FIRST EVENT: $ _____

SIGNED _____ DATE: _____

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www.dogsvictoria.org.au

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