

JUNIOR HANDLING WINNERS CONFORMATION

Instructions

- All required sections of this report must be complete.
- This report must be signed.

Distribute copies as follows:

CKC
Junior Handling Representative
Club holding event

Name of Club: _____ Club No: _____

Date of Event: _____ Event No: _____

Junior Novice	Name	Armband No.	Junior Handler No.	Office Use Only Zone
1 st				
2 nd				
3 rd				
4 th				
Junior Open	Name	Armband No.	Junior Handler No.	Office Use Only Zone
1 st				
2 nd				
3 rd				
4 th				
Intermediate Novice	Name	Armband No.	Junior Handler No.	Office Use Only Zone
1 st				
2 nd				
3 rd				
4 th				
Intermediate Open	Name	Armband No.	Junior Handler No.	Office Use Only Zone
1 st				
2 nd				
3 rd				
4 th				
Senior Novice	Name	Armband No.	Junior Handler No.	Office Use Only Zone
1 st				
2 nd				
3 rd				
4 th				
Senior Open	Name	Armband No.	Junior Handler No.	Office Use Only Zone
1 st				
2 nd				
3 rd				
4 th				

Best Overall _____

The above results are true and correct to the best of my knowledge

Date Name of Official (Please Print) Signature of Official