



**AUSTRALIAN SHEPHERD CLUB OF AMERICA**  
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|---------------------|----------|--------------|--------------|
| DATE REC'D          | REC'D BY | PROCESSED ON | PROCESSED BY |
|                     |          |              |              |

## CONFORMATION SHOW REPORT

INTACT     ALTERED

*This form must be forwarded to the ASCA business office within fifteen (15) days of the show date or a late fee will be charged.  
 Original completed entry forms from the dogs listed below must accompany this form.*

Affiliate Club: \_\_\_\_\_ Show Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  AM  PM

Show Location (City, State): \_\_\_\_\_

Show Secretary: \_\_\_\_\_ e-mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_ fax: (\_\_\_\_) \_\_\_\_\_

Judge (regular conformation): \_\_\_\_\_ Judge #: \_\_\_\_\_

Total Competing Special Dogs: \_\_\_\_\_ Total Competing Special Bitches: \_\_\_\_\_ Total Competing Class Dogs: \_\_\_\_\_ Total Competing Class Bitches: \_\_\_\_\_

**BEST OF BREED:** \_\_\_\_\_ Sex:  M  F

Registration #: \_\_\_\_\_ Handler: \_\_\_\_\_ Jr. Handler?  NO  YES

Armband #: \_\_\_\_\_ Owner(s): \_\_\_\_\_

**BEST OPPOSITE SEX:** \_\_\_\_\_ Sex:  M  F

Registration #: \_\_\_\_\_ Handler: \_\_\_\_\_ Jr. Handler?  NO  YES

Armband #: \_\_\_\_\_ Owner(s): \_\_\_\_\_

**BEST OF WINNERS:** \_\_\_\_\_  WD  WB

**WINNER'S DOG:** \_\_\_\_\_ Point Schedule: \_\_\_\_\_

Registration #: \_\_\_\_\_ Handler: \_\_\_\_\_ Jr. Handler?  NO  YES

Armband #: \_\_\_\_\_ Owner(s): \_\_\_\_\_

**WINNER'S BITCH:** \_\_\_\_\_ Point Schedule: \_\_\_\_\_

Registration #: \_\_\_\_\_ Handler: \_\_\_\_\_ Jr. Handler?  NO  YES

Armband #: \_\_\_\_\_ Owner(s): \_\_\_\_\_

**RESERVE WINNER'S DOG:** \_\_\_\_\_

Registration #: \_\_\_\_\_ Handler: \_\_\_\_\_ Jr. Handler?  NO  YES

Armband #: \_\_\_\_\_ Owner(s): \_\_\_\_\_

**RESERVE WINNER'S BITCH:** \_\_\_\_\_

Registration #: \_\_\_\_\_ Handler: \_\_\_\_\_ Jr. Handler?  NO  YES

Armband #: \_\_\_\_\_ Owner(s): \_\_\_\_\_

The information in this report is true and complete to the best of my knowledge and belief.

Show Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_