

AMERICAN FIELD

FIELD TRIAL CHECKLIST

Club Name _____

Member Affiliation (*i.e.* AFTCA, NBHA, USCSDA, ABHA, SBHA, etc.) _____

Championship / Classic Name _____

Date(s) _____

Location & Directions for Field Trial

• Drawing Information (*Date, Time and Location*)

• Judges (*Name, City and State*)

• Stakes & Entry Fees (*With applicable purse and/or prize information*)

• Logos needed in advertisements, Sponsor information, etc.

• Contact information for entries (*Name, Address, Phone, Email, Club Position*)

• Billing information for ad (*Pre-payment is required*)

Check Visa MasterCard AMEX _____ - _____ - _____ - _____ CVV _____

Name on Card _____ Expiration Date ____ / ____

Billing Address _____

Daytime Phone _____ Email: _____