**GSDL - Club IGP Survey**



**AT**

Competitors entering this trial must be members of the GSDL working branch, or other affiliated organisation. All dogs must have a current recognised performance book which, must be presented to the trials secretary before the start of the trial. Please complete all details clearly. All information given should be identical to that shown in the performance book.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Breed: | | Dogs Name: | | | | Sire: | | Dam: | | | Hip X-Ray: | | | Date of Birth: | | Male/Female | Tattoo / Micro Chip No | | | Performance Book Number: | |
|  | |  | | | |  | |  | | |  | | |  | |  |  | | |  | |
| Pedigree Number | |  | | | |  | |  | | |  | | |  | |  |  | | |  | |
|  | **STAKE** | | |  | NAME OF HANDLER: | | | | …………………………..... | | |  | NAME OF OWNER: | | | | | ……………………..…….. | | |  |
|  | BH | |  |  | GSDL MEMBERSHIP NUMBER: | | | | ……………………………. | | |  | GSDL MEMBERSHIP NUMBER: | | | | | ………………………..…. | | |  |
|  | IGP 1 | |  |  | ADDRESS: | | ……………………………………………………. | | | | |  | ADDRESS: | | …………………………………………………... | | | | | |  |
|  | IGP 2 | |  |  | ……………………………………………………………………….. | | | | | | |  | …………………………………………………………………….... | | | | | | | |  |
|  | IGP 3 | |  |  | ……………………………………………………………………….. | | | | | | |  | …………………………………………………………………….... | | | | | | | |  |
|  |  | |  |  | Post Code: | | …………………... | | Tel: | …………………... | |  | Post Code: | | …………………... | | | TEL: | …………………. | |  |
| **COMPLETED ENTRY FORMS TO BE WITH THE TRIAL SECRETARY BY:** | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| I agree to abide by the rules and regulations of the SV, WUSV, FCI, VDH and the GSDL when entering this trial and can confirm that the dog entered in competition has not been exposed to any contagious or infectious disease during the past 3 weeks | **PLEASE MAKE ALL CHEQUES PAYABLE TO:**    **ENTRY FEE: £** |
| ………………………………………………………………. ……………………..  Signature of Trainer (IGP1 dogs) Date  ……………………………………………………………….. …………………….  Signature of Handler Date | **TRIAL SECRETARY:** |