



Application for Milestone awards

NAME		
ADDRESS		
PHONE/S	<i>home</i>	<i>work</i>
<i>mobile</i>		
EMAIL		

DOG NAME

EVIDENCE.

Please supply evidence of Merit and Qualifying certificates received (photocopies) or signature of NZARO committee member who has sighted the certificates.

I have sighted _____ certificates required for the _____ Milestone for the dog named above.

Name _____ Signature _____

MILESTONES *(please tick those applicable)*

MILESTONE BADGE APPLIED FOR

Milestone	Number	Dog name
10		
20		
30		
TOTAL		

Please send this form and evidence to:

**Competitions Manager,
 Karen de Wit, P O Box 3228, Waikuku Beach 7473
 or email: dee2finn@gmail.com**

Payment: online KIWIBANK 38-9017-0102848-00

References. Use "Your name" and "Milestone"

Date