## Patron: Mr E Hales

## Secretary: Mrs H Lampart

 **2 The Old School, Park Rd**

 **Combs**

 **Stowmarket**

 **Suffolk**

 **IP14 2JN**

**Telephone: 01449 675305**

**Email: norfolkandsuffolkhprsec@gmail.com**

# **Field Trial Club**

www.norfolk-suffolk-hpr-ftclub.co.uk

**2018 Water Training Day Entry Form**

**Heveningham Hall, Halesworth, Suffolk IP19 0PN**

By the kind permission of Mr. & Mrs. Hunt

**Sunday 8th July 2018**

Meet: 10:30am for 11.00am start

Entry Fees: Members £10.00, Non-Members £12.00 **per dog**

**Categories**:

A Puppies/Dogs with no experience or reluctant to enter water

B Puppies/Dogs happy to enter water but reluctant to swim/retrieve

C Intermediate: inconsistent with swim/retrieve

D Novice: experienced swimmer, confident with distance seen retrieves from water

E Open: experienced swimmer, confident with distance blind retrieves from and over water

Dog Category: \_\_\_\_\_\_\_\_\_\_\_\_

Payment method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, breed & age of dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE IN CAPITALS INCLUDING EMAIL ADDRESS**

**No Bitches in season. Payment in ADVANCE £10 members £12 non-members** (please circle)

Please make cheques payable to Norfolk & Suffolk HPR FTC

BACS payments to Norfolk & Suffolk HPRFTC sort code: 20-85-93 a/c: 00838047

PLEASE PUT YOUR SURNAME AS REFERENCE

**Return this form with payment to** JuliaTuck, 4 Whitby Avenue, Ingrave, Brentwood, Essex, CM13 3NT

 **E-mail:** **norfolkandsuffolkhprevents@gmail.com**