



AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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ESTABLISHED 1957

TRACKING TEST REPORT

THIS FORM MUST BE MAILED TO THE ASCA BUSINESS OFFICE WITHIN FIFTEEN (15) DAYS OF THE SHOW DATE.

AFFILIATE CLUB _____		TEST DATE _____			
TEST LOCATION (CITY/STATE) _____					
TEST SECRETARY _____					
TEST SEC. E-MAIL _____		PHONE # _____			
JUDGE _____	ID _____	ASSIGNMENT _____	TD _____	TDU _____	TDX _____
JUDGE _____	ID _____	ASSIGNMENT _____	TD _____	TDU _____	TDX _____
JUDGE _____	ID _____	ASSIGNMENT _____	TD _____	TDU _____	TDX _____
JUDGE _____	ID _____	ASSIGNMENT _____	TD _____	TDU _____	TDX _____
TOTAL COMPETING DOGS IN: TD _____ TDU _____ TDX _____					
LIST ALL DOGS WITH A PASSING SCORE					
DOGS NAME _____		CATALOG NO. _____			
CLASS ENTERED _____		REG. # _____			
HANDLERS NAME _____		OWNER _____			
DOGS NAME _____		CATALOG NO. _____			
CLASS ENTERED _____		REG. # _____			
HANDLERS NAME _____		OWNER _____			

Signature of Person Responsible for this Report _____

Date _____

Sanction Number _____

DOGS NAME _____ CATALOG NO. _____

CLASS ENTERED _____ REG. # _____