KUSA
Kennel Union of Southern Africa

AWARDS RETURN FORM

Qualifications/ Titles gained at your event, which are entitled to be added as a suffix to the dog's registered name on the Certificate of Registration.

NAME OF CLUB: _____

DATE OF SHOW: _____ **ORG NO:** _____

TYPE OF EVENT

Working Trials		**Retriever Field Trial**		**Breed**	
Tracking Trials		**Spaniel Field Trial**		**BA/BST/CT**	
Working Utility Dog		**HPR Field Trial**		**Aptitude Test**	
Flyball		**Shooting Ratings**		**Breed Working Test**	
IGP		**Gundog Hunting Test**		**Endurance Test**	
Heelwork to Music		**Versatile Test**		**Mondioring**	
Musical Freestyle		**Hunting Dog Test**		**GSD Grading**	

AWARDS

BREED	KUSA REGISTRATION NUMBER	MICROCHIP NUMBER (If required)	TITLE TO BE AWARDED

Signature of Show Secretary: _____ **Date:** _____