



Representative Application

Please print clearly or type.

Name _____

Address: _____

Telephone: _____ Email: _____

1. Indicate which of the Qualification requirements you fulfill. You must meet criteria for at least two. (See Representative Qualifications) Please enclose supporting documentation (copies of earned titles; written statements from show committees for events that you have stewarded or acted as Show Secretary; affidavit re: your experience as a dog training professional).

- 2 If you have attended an St. Hubert's Dog Sports Sanctioned Competition Obedience Judge's Seminar, please indicate date and location _____

- 3 Sign the following:
I hereby certify that I support the St. Hubert's Animal Welfare Center mission. I have read and understand the St. Hubert's Dog Sports Competition Obedience Rules, Eligibility and Judging Guidelines and am thoroughly familiar with the exercises utilized all the classes. I swear under penalty of perjury that all of the above statements and accompanying documentation are true to the best of my knowledge, and I understand that submission of false statements or information will be grounds for revocation of my Representative's License.

Signed: _____ Date: _____

Upon acceptance of the application, you will receive the Representative Test by return mail. Complete the test and return it to address indicated. Upon satisfactory completion of the test (85% or better), you will receive your Representative identification approval. Contact Dog Sports Coordinator Moira Clarkin if you have any questions

.Please include a check or money order in the amount of \$15.00 payable to St. Hubert's Dog Sports, drawn in US funds. Please mail application, payment and documentation to: St. Hubert's Dog Sports, 22 Prospect Street, Madison, New Jersey 07940