



ABBA Application for Junior Bully Showman Program

Return completed application to:

Junior Program, P.O. Box 814 El Cajon, CA 92022

Junior Bully Showman

Please print or type clearly. Incomplete forms will be returned. For more information, write to the above address, phone 800-694-2127 or e-mail abbadogs@cableone.net

Name: _____
(First, Middle, Last)

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone #: (____) _____ Email: _____

Date of Birth: Month _____ Day _____ Year _____

ABBA publishes all official information on the ABBA website www.abbadogs.org

I agree to abide by the rules of the ABBA Junior Bully Showman Program, as well as all other ABBA rules and regulations.

(Signature of Junior Bully Showman Member)

(Signature of Parent or Legal Guardian)

OFFICE USE ONLY	Date Received	Date Processed
# Assigned	Initials of Processor	

Biographical Information: We want to know how much experience you have had in various types of activities. We may ask some of you to assist less-experienced juniors or participate in training programs. Please list the following information for the types of activities listed below: approximate number and types of trials/shows/weight pull events in which you have competed, titles earned, number and breed of dogs trained or exhibited and clubs to which you belong. If you need more space, continue on the back.

CONFORMATION:

WEIGHT PULL:

OTHER:

