## **East Midlands Staffordshire Bull Terrier Club**



Full Name (Mr/Mrs/Miss/Ms):					
Address:					
Post Code:	Tel No:	Δ	Affix:		
		ement with the Staffordshire			
			buil remen		
Club:	Date	give details of stewarding experience: Date Club:			
1	Date	7	Date		
2		8			
3		9			
4		10			
5		11			
6		12			
	Continue on se	parate page if necessary		1	
Please give details of dogs ow	ned/bred by you	u that have attained a Kenne	l Club Stud Book Numb	er:	
А		D			
В		E			
С		F			
Seminars attended to fulfil KC requireme					
1. To have attended a seminar given by	-	-	the relevant examinati	on on	
Kennel Club Regulations and Judging 2. To have attended a Seminar given by		· · · ·	mation & Movement (as	of	
01/07/2001)	y a Kenner Club		fiation & wovement (as	01	
3. To have attended at least one Breed	I-specific Semina	ar in accordance with Kennel (	Club Code of Best Praction	ce and	
passed an examination or assessme	•				
To have attended a Seminar given by a k	Kennel Club Accr	edited Trainer on Conformati	on & Movement "Hands	s On" (as of	
01/07/2001)					
Seminar Organiser (eg Breed Club)		Subject and Assessor		ssed Y/N	
			(if ex	(am taken)	

Please continue on separate sheet if necessary.					

How many times have you judged at Breed Club Shows – please state level and sexes:										
Club:		Level (Limit/Open/Champ)			Sex					
						(Dogs/I	Bitches/both)			
Please list any future Breed Club appointments:										
Please give details below of all shows at which you have previously judged <b>SBT</b> classes only – marking all breed club shows with an asterisk (*) – stating which sex was judged (non-specialist judges should also provide their relevant										
Curriculum Vitae) Name of Society holding Show (If outside 50 mile radius of residence, please mark with *)			e of Show en/Limit/ Ch)	No.Classes of SBT actually judged**		Dogs ered***	Actual No .Dogs			
			•							
					_					
					_					
Must be completed will get be accepted		AI C.								
Must be completed – will not be accepted **To indicate those classes in which dog			cont not cim	halv those school	lulod					
***The total number of entries – including				iply those sched	iulea.					
Declaration:										
I declare that the details given within this questionnaire are, to the best of my knowledge and belief, accurate and correct.										
Signature:				Date:						
Please return completed form to: Mr Jay Rogers 7 Keble Drive, Syston, Leicester, LE7 2AN										