



Miniature Australian Shepherd Club of America, Inc.

P.O. Box 1692, Winter Park, FL. 32790-1692

MASCA@mascaonline.net - <http://www.mascaonline.net/>

Junior Recognition Points Tracking Form

Remember to:

- Fill out form completely
- Get signatures
- Use one form for each show event (multiple classes can be entered on same form)

Junior's Name: _____ MASCA Membership #: _____

Address: _____ City/State/Zip: _____

Name of Dog: _____ MASCA Registration #: _____

Area of Competition (circle one)

Junior Handling
 Conformation
 Agility
 Obedience/Rally-O
 Herding

Date of Show: ___/___/___ Name of Show Venue/Hosting Club: _____

Name of Venue Chairperson/Show Secretary: _____

Chairperson/Secretary Signature: _____

Location (city/state): _____ Telephone #: (_____) _____

Class Entered: _____ Win/Placement received: _____

Additional Class Entered: _____ Win/Placement received : _____

Additional Class Entered: _____ Win/Placement received: _____

Additional Class Entered: _____ Win/Placement received: _____

Additional Class Entered: _____ Win/Placement received: _____

Number of dogs/handlers in Conformation class: _____

Did you receive a new title on this dog at this event? (circle one) YES NO

If YES, what title(s) did you received? _____

Junior Signature: _____ Date: ___/___/___

Parent Signature: _____ Date: ___/___/___

OFFICE USE ONLY Received:	Points Earned:
---------------------------	----------------

Miniature Australian Shepherd Club of America, Inc.

P.O. Box 1692, Winter Park, FL. 32790-1692

MASCA@mascaonline.net - <http://www.mascaonline.net/>

Junior Recognition Points Tracking Form

Remember to:

- Fill out form completely
- Get signatures

Please have instructor or advisor complete the following for points for classes, herding lessons, and therapy work

Additional Points earned (must be completed for points for training classes and herding lessons)

Name of Instructor/Representative: _____

Business Name: _____

Address: _____ City/State/Zip _____

Telephone #: (_____) _____ Email address: _____

Type of class/lesson completed: _____

Total number of hours completed: _____

Was a certificate of completion issued? (circle one) YES NO
If YES, please include a copy with this form

Signature of Instructor/Representative: _____

OFFICE USE ONLY Received:

Points Earned: