

## Application for Milestone awards

NAME				
ADDRE	SS			
PHONE	/S home		work	mobile
EMAIL				
DOG NA	AME			
has sighted	ly evidence the certifica	tes.	g certificates received (photocopies) or signature	
I have sighte	ed	certificates required fo	or theMilestone t	for the dog named above.
Name			Signature	
	NE BADGE	APPLIED FOR  Cost @\$10 each	cable)	
			Please send this form and evidence	to:
30			Competitions Manager, Karen de Wit, 74A Kirton Drive, Payment: Send a cheque made ou or pay online KIWIBANK 38-90: References. Use "Your name" and	t to NZARO, 17-0102848-00
TOTAL			Date	