# BEDFORSHIRE ALLBREEDS TRAINING SOCIETY

# Application for membership.

Please complete all details and return to: Brent@batsagility.co.uk

Handlers Name …………………………………………………………………………….

Full Address & post code

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Mobile/Phone number ……………….…………………………………

Email Address ………………………..…………………………

1st Dogs name …………………………………….................................. Breed………………………………….Age ……..

Vaccination Due Date ………………………………… KC Grade competing at……………………………….

2nd Dogs name …………………………………….................................. Breed………………………………….Age ……..

Vaccination Due Date ………………………………… KC Grade competing at……………………………….

3rd Dogs name …………………………………….................................. Breed………………………………….Age ……...

Vaccination Due Date ………………………………… KC Grade competing at……………………………….