

Dog's Registered Name _____ Sex _____

Registration Number _____ DOB _____ Age _____

Owner _____ EMAIL _____

SHOW NAME & DATE _____

SHOW CITY & STATE _____ ARMBAND NUMBER _____

"I certify that all of the information on this entire form is true and correct."

Owner's signature: _____ Telephone _____



Conformation Win Sheet®

Please fill this form out completely. You must be an ACC member in good standing in order for your dog's points to be recorded.

Mail to: Cindy Robinson, ACC Show Committee
6017 Rose Loop
Bainbridge Island, WA 98110

Fax: (206) 842-3770

Scan & email: showinfo@americancotonclub.com

Show #1

Judge's Name: _____

Show Official's signature: _____

CLASS COMPETITION: Class entered:				Place: 1 2 3 4			
<input type="checkbox"/>	Winners Dog	<input type="checkbox"/>	# non-Ch males	<input type="checkbox"/>	# Ch males	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Winners Bitch	<input type="checkbox"/>	# non-Ch females	<input type="checkbox"/>	# Ch females	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Best of Winners						
<input type="checkbox"/>	Best of Opposite Sex						
<input type="checkbox"/>	Best of Breed						
GROUP COMPETITION:							
			Group Placement :	<input type="checkbox"/>	# of dogs in Group:	<input type="checkbox"/>	
<input type="checkbox"/>	BEST IN SHOW	<input type="checkbox"/>	RESERVE BIS	# of dogs in BIS Ring:		<input type="checkbox"/>	

Show #2

Judge's Name: _____

Show Official's signature: _____

CLASS COMPETITION: Class entered:				Place: 1 2 3 4			
<input type="checkbox"/>	Winners Dog	<input type="checkbox"/>	# non-Ch males	<input type="checkbox"/>	# Ch males	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Winners Bitch	<input type="checkbox"/>	# non-Ch females	<input type="checkbox"/>	# Ch females	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Best of Winners						
<input type="checkbox"/>	Best of Opposite Sex						
<input type="checkbox"/>	Best of Breed						
GROUP COMPETITION:							
			Group Placement :	<input type="checkbox"/>	# of dogs in Group:	<input type="checkbox"/>	
<input type="checkbox"/>	BEST IN SHOW	<input type="checkbox"/>	RESERVE BIS	# of dogs in BIS Ring:		<input type="checkbox"/>	

Show #3

Judge's Name: _____

Show Official's signature: _____

CLASS COMPETITION: Class entered:				Place: 1 2 3 4			
<input type="checkbox"/>	Winners Dog	<input type="checkbox"/>	# non-Ch males	<input type="checkbox"/>	# Ch males	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Winners Bitch	<input type="checkbox"/>	# non-Ch females	<input type="checkbox"/>	# Ch females	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Best of Winners						
<input type="checkbox"/>	Best of Opposite Sex						
<input type="checkbox"/>	Best of Breed						
GROUP COMPETITION:							
			Group Placement :	<input type="checkbox"/>	# of dogs in Group:	<input type="checkbox"/>	
<input type="checkbox"/>	BEST IN SHOW	<input type="checkbox"/>	RESERVE BIS	# of dogs in BIS Ring:		<input type="checkbox"/>	

Show #4

Judge's Name: _____

Show Official's signature: _____

CLASS COMPETITION: Class entered:				Place: 1 2 3 4			
<input type="checkbox"/>	Winners Dog	<input type="checkbox"/>	# non-Ch males	<input type="checkbox"/>	# Ch males	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Winners Bitch	<input type="checkbox"/>	# non-Ch females	<input type="checkbox"/>	# Ch females	Total:	<input type="checkbox"/>
<input type="checkbox"/>	Best of Winners						
<input type="checkbox"/>	Best of Opposite Sex						
<input type="checkbox"/>	Best of Breed						
GROUP COMPETITION:							
			Group Placement :	<input type="checkbox"/>	# of dogs in Group:	<input type="checkbox"/>	
<input type="checkbox"/>	BEST IN SHOW	<input type="checkbox"/>	RESERVE BIS	# of dogs in BIS Ring:		<input type="checkbox"/>	