

Beagle Club: _____

Running Grounds Address: _____

President

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Field Trial Chairman

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Vice President

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Official Delegate

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Secretary

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Observer:

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Treasurer

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Field Trial Secretary

Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____