



United Beagle
Gundog Federation

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APPLICATION FOR UBGF FIELD TRIAL DATES

Please provide UBGF field trial dates for (enter years) _____

NAME OF CLUB: _____

REPRESENTATIVE: _____

ADDRESS: _____

CITE/STATE/ZIP: _____ PHONE: _____

#1 CHB Date: _____

Check boxes:

Licensed trial _____ Plan B _____

4 classes _____ 2 Classes _____

#2 CHB Date: _____

Check boxes:

Licensed trial _____ Plan B _____

4 classes _____ 2 Classes _____

#3 CHB Date: _____

Check boxes:

Licensed trial _____ Plan B _____

4 classes _____ 2 Classes _____

#1 Derby Date: _____

Check box:

4 classes _____ 2 classes _____

#2 Derby Date: _____

Check box:

4 classes _____ 2 classes _____

Two-Couple Pack Date(s): _____

Check box:

Master Hunt Test (AKC) _____ UBGF Qualifier Only _____

PLEASE LIST THE CLOSEST UBGF CLUBS that your club is likely to conflict field trial dates with:
(Club #1 being the closest)

Club #1 _____

Club #2 _____

Club #3 _____

Club #4 _____

PRINT / SAVE THIS FORM AND MAIL / EMAIL TO 2ND VICE PRESIDENT LISTED ABOVE