

Canine Agility Team Points Redemption Form

Date of Submission _____ Name of Club Member _____

Name & Date of Event for which this Claim is Being Submitted: _____

Value of Classes Entered (please attach copy(ies) of entry form(s) or event confirmation(s)):

Individual Classes _____

Weekend Package _____

Current Club Shirt _____

Total Value of Claim: _____

Please submit this form within 30 days of the event to: Canine Agility Team, P. O. Box 562, Clovis, CA 93613