

AWDF Scorebook Application

Name of Owner: _____

Address: _____

Phone Number: _____ Email: _____

Name of Dog: _____

DOB: _____ Sex of Dog: M F Intact: Y N

Registry: _____ Registration Number: _____

Previous Titles Earned: _____

Tattoo or Microchip # _____ Hip Certification: OFA PH

Date of Application: _____

***Along with this application, you must include photocopies of your dog's registration papers, previous scorebook and/or certificates of titles earned, photograph of your dog, photocopies of any hip certification and a check for \$15.00 payable to the USABC.**

Please send to:

**Junellen Tiska, PO Box 56, Bridgehampton, NY 11932
USAmericanBulldogClub@aol.com**

FOR INTERNAL OFFICE USE ONLY

RECEIVED: DATE of APPLICATION: DATE

SCOREBOOK NUMBER ASSIGNED: