

NAFA® Rules and Policies

C.8 Application for a NAFA® Competition Racing # (CRN)

Dogs Name (Call Name): _____ Breed: _____
Owner's Name: _____ Phone#: _____
Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Dog's Birth Date: _____
E-Mail Address: _____
Name of Dog as you would like it to appear on Awards: _____
Club Number: _____ Club Name: _____

Dogs Name (Call Name): _____ Breed: _____
Owner's Name: _____ Phone#: _____
Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Dog's Birth Date: _____
E-Mail Address: _____
Name of Dog as you would like it to appear on Awards: _____
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Dogs Name (Call Name): _____ Breed: _____
Owner's Name: _____ Phone#: _____
Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Dog's Birth Date: _____
E-Mail Address: _____
Name of Dog as you would like it to appear on Awards: _____
Club Number: _____ Club Name: _____

Check or money order for \$40 USD funds made payable to NAFA® Inc. must be enclosed. To:
NAFA® Inc. P.O. Box 171 Palmyra, WI 53156
Please allow 4-6 weeks for processing.