



AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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SHOW CHANGES REPORT

Please report each show date on a separate sheet. If more room is needed, please copy this form.

NAME OF AFFILIATE CLUB _____

DATE(S) OF SHOW _____ SANCTION NUMBER _____

CHANGE OF SHOW SECRETARY / COURSE DIRECTOR (CIRCLE ONE)

FROM: NAME: _____

ADDRESS: _____

TELEPHONE: _____ ASCA MEMBER # _____

TO: NAME: _____

ADDRESS: _____

TELEPHONE: _____ ASCA MEMBER # _____

CHANGE OF JUDGE(S)

FROM: JUDGE: _____ JUDGE ID# _____

ASSIGNMENT: _____ PHONE: _____

ADDRESS: _____

TO: JUDGE: _____ JUDGE ID# _____

ASSIGNMENT: _____ PHONE: _____

ADDRESS: _____

FROM: JUDGE: _____ JUDGE ID# _____

ASSIGNMENT: _____ PHONE: _____

ADDRESS: _____

TO: JUDGE: _____ JUDGE ID# _____

ASSIGNMENT: _____ PHONE: _____

ADDRESS: _____

CHANGE REPORTED TO AND APPROVED BY: _____

REASON FOR CHANGE: _____

SIGNED: _____ DATE: _____