# Miniature Australian Shepherd Club of America, Inc.

*Attention*: MASCA TREASURER
PO Box 712  Custer, SD. 57730
http://www.mascaonline.com/

## Grand Championship Application

**Use a separate Winsheet for each dog.**

Please submit the following information:

1) This application completed and signed. **A copy of the dog's registration must be included with the application.**
2) Check made payable to MASCA. $20.00 for Grand Championship. *If you wish to use PayPal, contact treasurer@mascaonline.com*
3) Attach Winsheets for shows listed (if event is not listed in MASCA rules for an accepted event, enclose a copy of the premium for consideration.)
4) List any MASCA specialty and/or National wins, in addition to regular show Winsheets.

**Registered Name of Dog:** _____

**MASC Reg. #:** _____ **Date of Birth:** _____ **Sex:** male female

**Name of Owner:** _____

**Address:** _____

**City:** _____**State:** _____ **Zip Code:** _____

**Telephone:** _____ **Email:**_____

| DATE | EVENT | NAME OF JUDGE | POINTS |
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| | | TOTAL POINTS | |

*I hereby certify that the above information is correct and in accordance with regulations of the MASCA Winsheet Program.*

Signature of Owner: _____ Date: _____ Signature of Co-Owner_____ Date_____

I (We) hereby certify this dog has not been registered and will not be registered as a breed other than the Australian Shepherd/Australian Shepherd of the miniature variety.
I (we) understand that registration or recording of this dog as another breed will result in their MASCA privileges being revoked.
Applications without initials acknowledging acceptance of this policy will be refused.
Initials of Owner: _____ Initials of Co-Owner: _____

**NOTE: The exhibitor must hold the Winsheet until enough points have been earned for the grand championship, after which copies of the Winsheets should be sent to above address. Send Grand Championship Application by January 15th of each calendar year.**

OFFICE USE ONLY Date Approved: _____ Number of Points: _____

Revised 2.7.17