



CHX Award Application

Download this file to your computer. Open it in Adobe Reader or some equivalent application and type your "CHX" application information in the fields below. Then select "save as" to save the file and then "print". Send this application along with verification of the CH title(s) and HS or higher herding title (photocopies of title certificates, AKC Gazette pages listing titles, or AKC report available from their on-line store) to: Kari Lavalli, 4 Pleasant St, Blackstone MA 01504. DO NOT send original title certificates as they cannot be returned. If you have any questions, email Kari Lavalli at klavalli@yahoo.com.

Champion Excellent award applications are processed quarterly. The schedule is: January, February, March processed the first week of April; April, May, June processed the first week of July; July, August, September processed the last week of September; October, November, December processed the first week of January.

BCSA Member's Name * (this should be the actual owner of the dog)

First

Last

Address*

Street Address

City

State

Zip Code

Phone*

Email*

Dog's Registered Name* (If you are not sure of order of titles, look it up on the AKC.org website)

Dog's Information*

Note: Dog must have an OFA CAER # (eye exam) or be spayed/neutered. If spayed or neutered, click in the "YES" box.

OFA CAER #

Spayed/Neutered? Yes or No

Member's (Owner's) Signature

Date*
