

QUAIL UNLIMITED CHAPTER FIELD TRIAL REPORT

Trial Date: _____
 Chapter: _____ Chapter#: _____
 City: _____ State: _____

First Place	3 Points
Registered Name: _____	Regis #: _____
Call Name: _____	Score: _____
Owner/Handler: _____	QU Member #: _____
Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone: _____	Email: _____

Second Place	2 Points
Registered Name: _____	Regis #: _____
Call Name: _____	Score: _____
Owner/Handler: _____	QU Member #: _____
Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone: _____	Email: _____

Third Place	1 Point
Registered Name: _____	Regis #: _____
Call Name: _____	Score: _____
Owner/Handler: _____	QU Member #: _____
Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone: _____	Email: _____

JUDGE #1
Name: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Email: _____

JUDGE #2
Name: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Email: _____

Over, please>>>>>>>

PAGE 2

Financial Submission

Total number of participating dogs: _____ x \$5.00 = \$ _____
(minimum of 20 dogs to qualify)
New Regular Members:** _____ x \$20.00 = \$ _____
New Sponsor Members: _____ x \$113.00 = \$ _____

Total Monies = \$ _____

**New member information should be submitted in official JOIN applications or on a separate piece of paper.

Submitted by _____

Trial Chairman/Chapter Official

Address: _____

City/State/Zip: _____

Daytime phone: _____

Email: _____

Signature _____

Please return completed form and participant roster with check to

Quail Unlimited National Headquarters

Attn: Gun Dog Program

PO Box 610

Edgefield, SC 29824

For QU Office Use Only

Date Report Received: _____ Check # _____

Membership Verified: _____ Nonmember Disqualifications: _____