



# Apprentice Judge Year End Activity Report

This report is to be submitted by December 1st, for calendar year: \_\_\_\_\_

APPLICANT INFORMATION	
Full Name:	Membership Number:
Street Address:	Cell Phone:
City/State/Code:	
Email:	

AIMS AND RULES CLINICS ATTENDED	
Date:	Chapter:
Date:	Chapter:

DOGS HANDLED IN NAVHDA TESTS					
Test Date (d/m/yy)	Chapter	Dog's Name	Test Level	Score	Prize

NUMBER OF DOGS JUDGED IN NAVHDA TESTS				
Test Date (d/m/yy)	Chapter	# of NA Dogs	# of UPT Dogs	# of UT Dogs

Date Submitted: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please type your name if using the fillable feature in completing this application.)*

Please save this completed application and email it to [navoffice@navhda.org](mailto:navoffice@navhda.org)  
 NAVHDA, PO Box 520, Arlington Heights, IL 60006-0520  
 Phone: 847.253.6488 Fax: 847.255.5987