

**THE NORTHERN & MIDLAND COUNTIES BEAGLE CLUB**  
**JUDGING QUESTIONNAIRE**

Name \_\_\_\_\_ Affix \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Post Code \_\_\_\_\_ Telephone \_\_\_\_\_

Year started with Beagles:

As an owner..... As an exhibitor..... As a breeder..... As a Judge.....

Name and Stud Book number of Beagles owned or bred by you.

1		5	
2		6	
3		7	
4		8	

Were you the owner or breeder of at least 3 dogs when they obtained their first entry in the KC Stud Book? YES/NO

Do you award CCs in any other Breeds YES/NO

Approximate number of Beagles registered in your name at the Kennel Club. \_\_\_\_\_

**K.C. Seminar Requirements.**

Please enclose copies of all relevant Certificates

SEMINAR	SOCIETY	DATE
Relevant K.C. Show Regulations, ring procedure and practical aspects of judging.		
Anatomy, Conformation, Movement.		
K.C. Hands On Assessment		
Breed Points. (Must have passed assessment/exam conducted by a Beagle Breed Club.)		

Please give details of any other Seminars or interest in the breed on a separate sheet.

Details of Stewarding Appointments Completed (Each appointment must be on a separate occasion)

	Date	Type	Name of Show		Date	Type	Name of Show
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

*The committee would be obliged if you could use this questionnaire. Additional forms are available on request.*

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Give below the names and dates of KC licensed shows at which you have judged classes of Beagles in the UK and any future appointments confirmed in writing.

	Name of Society Holding Show	Show Date	Show Type	No. of Classes*	Dogs Entered	Dogs Present	Dogs Absent
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Give below the Names and Dates at which you have judged classes of other breeds.

Name of Society holding show	Show Date	Show Type	No. of Classes*	Breeds

\* ALL CLASSES MUST HAVE AT LEAST ONE DOG PRESENT TO BE COUNTED. KC Requirement.

**DECLARATION**

I hereby certify that all the information I have given is correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**If you do not wish your address and or telephone number printed on our lists please tick relevant box.**

**No Address or Tel No. to be printed.**

**No Telephone Number.**