



Master Team Application

Team Registration Number: _____ **Date:** _____

Dog: _____

Handler: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Please indicate below the Master Award you are applying for by circling the Ace titles you currently have earned. Enter the dates if known.

Master Team Award Level 1	Master Team Award Level 2	Master Team Award Level 3	Master Team Award Level 4
Obedience Ace Level 1 Date:	Obedience Ace Level 2 Date:	Obedience Ace Level 3 Date:	Obedience Ace Level 4 Date:
Starter or Zoom 1 Rally Ace Date:	Advanced or Zoom 1.5 Rally Ace Date:	Pro or Zoom 2 Rally Ace Date:	ARF Ace Date:
Games Level 1 Ace Date:	Games Level 2 Ace Date:	Games Level 3 Ace Date:	Games Level 4 ACE Date:
Scent Level 1 Ace Date:	Scent Level 2 Ace Date:	Scent Level 3 Ace Date:	Scent Level 4 Ace Date:

Thank you for supporting and playing with C-WAGS!

Submit to: c-wags@sbcglobal.net
 or
 C-WAGS
 Shirley Ottmer
 3693 Fairview Ave
 Jackson, MI 49203