



Endurance Results sheet

TEL: (012) 376-2583 / FAX: (012) 376-2459

To be completed in duplicate: One to the GSD Federation of SA (1x to the Local Club)

Club: _____

Date: _____

Judge: _____

Venue: _____

NO.	Name of: a. Dog, b. Owner, c. Handler	Working Book nr	Membership Number	Phase 1	Phase 2	Phase 3	Passed
		Tattoo Number					
	a. _____ b. _____ c. _____						<input type="checkbox"/> Y <input type="checkbox"/> N
	a. _____ b. _____ c. _____						<input type="checkbox"/> Y <input type="checkbox"/> N
	a. _____ b. _____ c. _____						<input type="checkbox"/> Y <input type="checkbox"/> N
	a. _____ b. _____ c. _____						<input type="checkbox"/> Y <input type="checkbox"/> N
	a. _____ b. _____ c. _____						<input type="checkbox"/> Y <input type="checkbox"/> N
	a. _____ b. _____ c. _____						<input type="checkbox"/> Y <input type="checkbox"/> N

I, the Judge confirm herewith that I have personally checked the tattoo numbers of all dogs entered.

Test Manager's Signature

Judge's Signature