



AUSTRALIAN
FLYBALL
ASSOCIATION

Height Card Application Form

All sections must be completed in accordance with section 8.3 and Appendix 11 of the Rules.

Dog Name: _____ CRN: _____

Owner Name: _____ CRN: _____

New Card: Replacement Card:

Measurement 1:

Date: _____ Race Meeting: _____

Ulna measure: Left _____ inches Right _____ inches

Dog Jump Height (lower of the Left and Right): _____ inches

Judge Name: _____ Signature: _____ CRN: _____

Witness Name: _____ Signature: _____ CRN: _____

Witness Capacity: Judge/AFA Rep/Timekeeper (circle one)

Owner Signature: _____

Measurement 2:

Date: _____ Race Meeting: _____

Ulna measure: Left _____ inches Right _____ inches

Dog Jump Height (lower of the Left and Right): _____ inches

Judge Name: _____ Signature: _____ CRN: _____

Witness Name: _____ Signature: _____ CRN: _____

Witness Capacity: Judge/AFA Rep/Timekeeper (circle one)

Owner Signature: _____

Email: secretary@flyball.org.au

AFA use only:

Height Verified: Yes / No

Date Issued: ____ / ____ / ____

Receipt #: