



GREAT DANE CLUB OF AMERICA, INC.

CHAMPION OF HEALTH NOMINATION FORM

Please Print or Type

Name: _____

Address: _____
(Street) (City) (State) (Zip) (Country)

Email: _____ Phone: _____ Fax: _____

Club Affiliation: _____

Dog's Registered Name: _____

Call Name: _____ Registration #: _____

DOB: _____ CHIC #: _____

Brief description of the accomplishment qualifying this dog for nomination: _____

Submit nominations to:

Mrs. Lynda Moriarty, Corresponding Secretary

PO BOX 410

Wayne, IL 60184

mor427@sbcglobal.com