

## JUDGING PROGRAM COMMITTEE CATTERY VISITATION RECORD

NAME OF C	ATTERY:			NUMBER:		
CATTERY O	WNER'S NAME:					
ADDRESS: _		CITY/STATE/ZIP:				
PHONE:		E-MAIL:				
OATE VISITED:		TIME VISIT STARTED:		TIME ENDED:		
OWNER IS	MEMBER OF			BREED COUNCIL		
at least one				r <u>OR</u> be an active participant ) years. In all cases, a variety		
pages, if n		iust attach a brief	evaluation of th	) of the cats you handled. ne cats/kittens handled. Pl		
В	REED/DIVISION	SEX	AGE	COLOR	TITLE	
1						
2						
_						
10						
(C	OWNER SIGNATURE)			(APPLICANT SIGNAT	- ΓURE)	
OWNER (	COMMENTS:					
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