

NAFA Event# _____
 C.2 Time Sheet 3/5 Format

NAFA Rules and Policies

B/O Time _____

Tournament _____ City, State/Prov. _____

Judge _____ Date _____

Team _____ NAFA Team # _____ Seed Time _____

Captain _____ Phone# _____

	Dog	Breed	Jump Hgt	Handler/Owner	CRN #	(NAFA use only)
1						
2						
3						
4						
5						
6						

Heat #	Opponent	Dog	Time	W	L	T
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
<hr/>						
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
<hr/>						
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
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_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
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_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____
_____ of _____ vs _____	_____	1 2 3 4 5 6	_____	_____	_____	_____

Division: _____ Place: _____ Best Time: _____

