

AUSTRALIAN FLYBALL ASSOCIATION INC. WEEKLY TRAINING LOG

DOG NAME:	CRN:	HANDLER'S NAME:	DATE:

SPECIFIC PROBLEM: _____

FLYBALL TRAINING PROGRAM

Frequency of Training: _____ No. of hours: _____ Total per week: _____

Training Location: _____

Training Supervisor 1 _____ Supervisor 2 _____

Training Objectives: _____

Procedures followed: _____

Were distractions used? NO / YES if Yes, explain details _____

Independent Observer: _____

Experience: _____

Observations: _____

Please complete all details and forward to:
Australian Flyball Association Inc. PO Box 4179, Pitt Town, NSW 2756

