APPLICATION TO HOLD A CANINE GOOD NEIGHBOUR TEST

- Form to be typed or printed in ink.
- All signatures to be written in ink and not printed.
- Complete all sections.
- Tests approved 90 days prior to the test date will appear in the CKC Calendar of Events.

THE CANADIAN KENNEL CLUB CANINE GOOD NEIGHBOUR PROGRAM
200 Ronson Dr., Ste. 400, Etobicoke, ON M9W 5Z9 • Order Desk: 1-800-250-8040 • Fax: (416) 675-6506

Name of Sponsoring Organization: _____

Date of Test: _____ ❑ **Indoors** ❑ **Outdoors**

Location of Test: _____

Name of Contact: _____ **Title of Contact:** _____

Contact Telephone Number: _____ **E-mail address:** _____
(this number will be published)

EVALUATORS

Name	Address	CKC Membership #

_____ _____
Signature of Contact Person Date

_____ _____ _____
Date Received Date Approved Approved by CKC