



# CANADIAN KENNEL CLUB

# CLUB CANIN CANADIEN

200 RONSON DRIVE, SUITE 400, ETOBICOKE, ONTARIO M9W 5Z9 TEL (416) 675-5511 1 (855) 364-7252 FAX (416) 675-6506 www.ckc.ca

## EVENT DATE APPLICATION Trials & Tests

### Instructions

- Form to be typed or printed in ink.
- All signatures to be written in ink and not printed.
- A letter of consent is required from the all-breed club for events held in conjunction with an all-breed club.
- Please ensure that all sections are completed.
- Incomplete applications will be returned.
- Application to be received a minimum of 180 days prior to the event.

### Name of Club

Type of Event	# of Events/Day	Dates	Classes & Stakes (When Applicable)
Agility Trial			
Beagle Field Trial			
Chase Ability Test			
Draft Dog Test			
Earth Dog Test			
Field Trial Conformation Show			
Herding Trial			
Lure Coursing			
Pointing Field Dog Test			
Pointing Field Trial			
Retriever Field Trial			
Retriever Field Trial			
Retriever Hunt Test			
Retriever Hunt Test			
Spaniel Field Trial			
Spaniel Hunt Test			
Spaniel Water Test			
Tracking Test			
Working Certificate Test			
Working Certificate Test			
Other:			

EVENTS

BREEDS & VENUE

OFFICIALS

**For Office Use Only**

Breeds: \_\_\_\_\_

Name of Venue: \_\_\_\_\_  Indoor  Outdoor  Both

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Event held in conjunction with: \_\_\_\_\_ (name of club) (Attach letter of consent)

Agility Trial-Venue (provide dimensions and course surface): \_\_\_\_\_

Event Secretary: \_\_\_\_\_ CKC Membership No: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Superintendent: \_\_\_\_\_ CKC Membership No: \_\_\_\_\_

President: \_\_\_\_\_ CKC Membership No: \_\_\_\_\_

Vice President: \_\_\_\_\_ CKC Membership No: \_\_\_\_\_

Secretary: \_\_\_\_\_ CKC Membership No: \_\_\_\_\_

Treasurer: \_\_\_\_\_ CKC Membership No: \_\_\_\_\_

Date \_\_\_\_\_ Name and Title of Club Officer or Event Secretary \_\_\_\_\_ Signature of Club Officer or Event Secretary \_\_\_\_\_

Date Received \_\_\_\_\_ Reference Number \_\_\_\_\_ Date Approved \_\_\_\_\_ Approved by CKC \_\_\_\_\_