APPLICATION TO HOLD A CANINE GOOD NEIGHBOUR TEST

- Complete all sections.
- CGN Tests must be approved by CKC Head Office a minimum of 30 days prior to the test.

THE CANADIAN KENNEL CLUB CANINE GOOD NEIGHBOUR PROGRAM
5397 Eglinton Ave. W., Suite 101, Etobicoke, ON, M9C 5K6 • Order Desk: 1-800-250-8040
• Email: information@ckc.ca

All CGN Tests must be open to all dog owners and cannot be limited to the sponsoring organization's membership. All testing must comply 100% with the Test Guide Steps.

Name of Sponsoring Organization: _____

Address of Sponsoring Organization: _____

If your organization/club is not recognized by the CKC, the fee must be included with the application.

Date of Test: _____ ❑ Indoors ❑ Outdoors

Location of Test: _____
(Name of Venue, Address, City, Province)

Name of Contact: _____

Contact Telephone Number: _____ E-mail address: _____

EVALUATORS

Name	Address	CKC Membership #

_____ _____
Signature of Contact Person Date

Method of Payment
- For applicable fees, please refer to the current Schedule of Fees at www.ckc.ca
- NON CKC ORGANIZATION/CLUB FEE MUST BE INCLUDED

☐ VISA ☐ MasterCard ☐ Cheque made out to "The Canadian Kennel Club" (please ensure to calculate applicable taxes for your province)

Credit Card Number _____ Expiry Date _____ CVV # _____

Clearly print Cardholder name _____ Authorized Cardholder Signature _____

FOR OFFICE USE ONLY

_____ _____ _____
Date Received Date Approved Approved by CKC