APPLICATION TO HOLD A CANINE GOOD NEIGHBOUR TEST

- Form to be printed in ink.
- All signatures to be written in ink and not printed.
- Complete all sections.
- CGN Tests must be approved by CKC Head Office a minimum of 60 days prior to the test.

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

All CGN Tests must be open to all dog owners and cannot be limited to the sponsoring organization's membership.

Name of Sponsoring Organization: _____

Address of Sponsoring Organization: _____

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

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

Name of Contact: _____

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

EVALUATORS

Name	Address	CKC Membership #

_____ _____
Signature of Contact Person Date

NON CKC CLUBS • Method of Payment

- For applicable fees, please refer to the Schedule of Fees at www.ckc.ca, payable by Visa, MasterCard, money order or certified cheque.
- Payment in full payable to The Canadian Kennel Club.
- Faxed or emailed requests will be accepted as long as credit card information is provided.

☐ VISA ☐ MasterCard ☐ Certified Cheque ☐ Money Order Total Amount Enclosed: _____

Credit Card Number | Expiry Date

Clearly print Cardholder name | Authorized Cardholder Signature

FOR OFFICE USE ONLY

Date Received | Date Approved | Approved by CKC