



**EVENT DATE APPLICATION**  
**Conformation, Obedience & Rally Obedience**

**Instructions**

- Form to be 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 specialty 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 \_\_\_\_\_

Club Number

EVENTS	Type of Event	# of Events/Day	Dates
	All Breed Conformation Show		
	Specialty Conformation Show		
	Group Specialty Conformation Show		
	Field Trial Conformation Show		
	Multiple Shows on Same Date		
	Limited Breed Show - Conformation		
	Junior Handling - Conformation		
	Junior Handling - Obedience		
	All Breed Obedience Trial		
	Specialty Obedience Trial		
	All Breed Rally Obedience Trial		
	Specialty Rally Obedience Trial		
	Sweepstakes		
	Attractions and Demonstrations		
	Other		
	Unofficial/Non-Regular Classes		(PLEASE LIST THE CLASSES HERE)

**For Office Use Only**

<b>BREEDS &amp; VENUE</b>	Breeds (Conformation): _____ Breeds (Obedience): _____ <small>List individual breeds only when the event does not include all breeds</small>
	National Specialty: <input type="radio"/> Yes <input type="radio"/> No Obedience <input type="radio"/> Limited Trial(s) <input type="radio"/> Unlimited Trial(s) Canine Companion Dogs (CCN): <input type="radio"/> Yes <input type="radio"/> No (Obedience & Rally Obedience) Rally <input type="radio"/> Limited Trial(s) <input type="radio"/> Unlimited Trial(s)
	Breeds Excluded (if applicable): _____
	Name of Venue: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ Specialty Event held in conjunction with: _____ (Attach letter of consent)
	Conformation: <input type="radio"/> Indoor <input type="radio"/> Outdoor Obedience: <input type="radio"/> Indoor <input type="radio"/> Outdoor Club to be invoiced: <input type="radio"/> All-Breed <input type="radio"/> Specialty <small>(Name of All-Breed Club)</small>

<b>OFFICIALS</b>	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 _____
---------------------	------------------------	---------------------	-----------------------