



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

EVENTS	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			
	Pointing Water Test			
	Retriever Field Trial			
	Retriever Field Trial			
	Retriever Hunt Test			
	Retriever Hunt Test			
	Spaniel Field Trial			
	Spaniel Hunt Test			
	Spaniel Water Test			
	Sprinter Test			
	Tracking Test			
	Working Certificate Test			
	Working Certificate Test			
	Other:			

For Office Use Only

BREEDS & VENUE	Breeds: _____
	Name of Venue: _____ <input type="radio"/> Indoor <input type="radio"/> Outdoor <input type="radio"/> Both
	Address: _____
	City: _____ Province: _____ Postal Code: _____
	Event held in conjunction with: _____ (Attach letter of consent)
	Agility Trial-Venue (provide dimensions and course surface): _____
Herding Stock: _____	

OFFICIALS	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 _____