



BEAGLE FIELD TRIAL JUDGES SUBSTITUTION FORM

Note: This form is to be mailed to The Canadian Kennel Club, Shows & Trials Division.

Club Information

Name of Club: _____ Club No.: _____

Date of Event: _____

Name of Event Secretary: _____ CKC Membership No: _____

Telephone No.: _____ Email Address: _____

Approved Judge

Name of Approved Judge: _____

Date notification was received that the approved judge was unable to fulfill his assignments: _____

Specify how notification was received: In Writing Over the Telephone Other: _____

Does the club have a signed contract with the approved judge? YES NO

What was the explanation that was provided? _____

Substitute Judge

Name of Substitute Judge: _____ CKC Membership No: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone No.: _____ Email Address: _____

Is the substitute judge on the approved list of judges? YES NO

Date that services of substitute judge were engaged: _____

Form completed by: _____ Name _____ Date _____

_____	_____	_____
Date Received	Date Approved	Approved by CKC