



Newfoundland Dog Club Of Canada WORKING TEST & EVENT APPLICATION

Date: _____ 20 _____

Name of Regional Club: _____

Date of Event: _____

Type of Event: _____

Location: _____

List of Club Officers and Officials

Regional Club President: _____ CKC #: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

Show/Test/Event Chairperson: _____ CKC #: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

Show/Test Secretary: _____ CKC #: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

Committee Member: _____ CKC #: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

Committee Member: _____ CKC #: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

Committee Member: _____ CKC #: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

Note: Form MUST be filled out and returned to: WORKING DOG CHAIR and NDCC SECRETARY

OFFICIAL SECTION

Date Received: _____

Date Approved: _____

Club Official: _____