



**GSDCA-WDA  
APPLICATION FOR CLUB EVENT**

Check One:  New  Change  Cancellation (for changes, complete only areas that apply) Date: \_\_\_\_\_

Club Name: \_\_\_\_\_ Region #: \_\_\_\_\_

Event Site Address: \_\_\_\_\_

Event Chairperson:\* \_\_\_\_\_ Member #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Event Secretary:\*  same as Chairperson or: \_\_\_\_\_ Member # \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*\* Chairperson and Secretary must be GSDCA-WDA members in good standing and may be the same person for club and regional events.*

Contact info for publication on website:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(or use  Chairperson;  Secretary for contact)

Club Website: \_\_\_\_\_

GSDCA-WDA Certified Helper(s) (A second helper should be used when a single trial has seven (7) or more dogs):

\_\_\_\_\_

Event Dates Requested: \_\_\_\_\_ Check One:  Open to All Breeds  Limited to GSD's Only

APPROVAL IS REQUESTED FOR: (check all that apply and include specific date(s) each will occur)

Club Event(s)  Regional Event(s)  National Event(s)

Trial Date(s): \_\_\_\_\_

SchH 1, 2, 3, A  IPO 1, 2, 3

BH  OB 1 - 3

FH 1 - 2  HGH

FRr/TR 1 - 3

Other\* (ex. WH, RTP, StP 1 - 3): \_\_\_\_\_  
(\*Verify with the office that judge is qualified to award these titles)

Show Date(s): \_\_\_\_\_

Breed Survey Date(s): \_\_\_\_\_

AD Date(s): \_\_\_\_\_

Helper Seminar/Certification Date(s): \_\_\_\_\_

Seminar Date(s): \_\_\_\_\_

Other Date(s): \_\_\_\_\_

Add'l info: \_\_\_\_\_

JUDGE(S), TEACHING HELPER(S) OR CLINICIAN(S) REQUESTED: \_\_\_\_\_

The event giving club agrees that in all respects it shall abide by the principles and rules for trials, titles and shows of the GSDCA-WDA.

Club Officer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Club Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY APPLICATION: \$35 each Trial / Show / Certification - \$213 SV Judge Release Fee**

MAIL TO: Joy Schultz  
GSDCA-WDA  
72 Oakcrest Lane  
Westampton, NJ 08060

If paying with Master Card or Visa:

Cardholder Name, exactly as it appears on card Billing Address

Credit Card Number V-Code Expiration Date

Cardholder Signature Today's Date