


 GERMAN SHEPHERD DOG CLUB OF AMERICA-
 WORKING DOG ASSOCIATION, INC.

APPLICATION FOR CLUB EVENT

Date of Application _____ Event Dates Requested _____

Club Name _____ Region No. _____

Address of Event _____

Event Chairperson (must be GSDCA-WDA member) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Event Secretary (must be GSDCA-WDA member) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Helper(s) _____ - _____ - _____

APPROVAL IS REQUESTED FOR: (check all that apply)

Local Club Trial Regional Trial Local Club Show Regional Show

SchH 1,2,3,A IPO 1,2,3 Breed Survey

BH AD FH Helper Certification

HGH Trial Helper Certification / Teaching Helper(s) Requested

Seminar _____ (name) _____

Other _____ (name) _____

Judge(s) Requested _____ - _____ - _____

The club hereby agrees that in all respects it shall abide by the principles and rules for trials, titles, and shows of the German Shepherd Dog Club of America-Working Dog Association, Inc.

Club Officer Name _____ Title _____

Phone _____ Fax _____ E-mail _____

Club Officer Signature _____ Date _____

PAYMENT MUST ACCOMPANY APPLICATION: \$35 each Trial / Show / Certification - \$150 SV Judge Release Fee

MAIL TO: Joy Schultz
 GSDCA-WDA Office
 732 Lindley Blvd.
 DeLand FL 32724

If paying with Master Card or Visa:

Cardholder Name, exactly as it appears on card _____ Address where you receive your statement if different from above _____

Credit Card Number _____ V-Code _____ Expiration Date _____

Cardholder Signature _____ Today's Date _____