

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

**REQUEST FOR CHANGE OR CANCELLATION OF EVENT**

COMPLETE ONLY THE AREAS THAT APPLY  
TO THE CHANGES REQUESTED

CHECK HERE IF CANCELLATION

Today's Date \_\_\_\_\_ Event Dates Requested \_\_\_\_\_

Club Name \_\_\_\_\_ Region No. \_\_\_\_\_

Location 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) _____ - _____ - _____
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APPROVAL IS REQUESTED FOR: (check all that apply)			
<input type="checkbox"/> Local Club Trial	<input type="checkbox"/> Regional Trial	<input type="checkbox"/> Local Club Show	<input type="checkbox"/> Regional Show
<input type="checkbox"/> SchH 1,2,3,A	<input type="checkbox"/> IPO 1,2,3	<input type="checkbox"/> Breed Survey	
<input type="checkbox"/> BH	<input type="checkbox"/> AD	<input type="checkbox"/> FH	<input type="checkbox"/> Helper Certification
<input type="checkbox"/> HGH Trial	<input type="checkbox"/> Helper Certification / Teaching Helper(s) Requested		
<input type="checkbox"/> Seminar _____	(name) _____		
<input type="checkbox"/> Other _____	(name) _____		

Judge(s) Requested \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for change or cancellation:  
\_\_\_\_\_

Club Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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

**NOTE: The show-giving club must notify the judge and/or helpers immediately of the cancellation or change**

Date judge(s) and/or helper(s) contacted \_\_\_\_\_ By whom \_\_\_\_\_

Method of contact \_\_\_\_\_

Send completed form to  
 Joy Schultz, GSDCA-WDA Office  
 732 Lindley Blvd.  
 DeLand FL 32724  
 Fax 386-738-4741  
 wdaoffice@cfl.rr.com