



Newfoundland Club of America - Draft Test Application

We (Name of Regional Club): _____
Request to hold an official NCA Draft Test on (Date): _____
at (Site Location): _____
near or in (City): _____ (State): _____ (Zip Code): _____

Divisions offered: _____ BDD (which day(s)) _____ DD/TDD (which day(s)) _____
_____ DDX/TDDX (which day(s)) _____

Entries postmarked before _____ (NCA members or _____ (Non NCA Members will be returned.

This site has been used for an NCA Draft Test: once _____ twice _____ more than twice _____ never _____
(if never, include a detailed map and description of test site and water front)

The Judges will be (Enclose a completed, signed Judge's Acceptance Form from each judge):

1) Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

NCA member (Y/N) _____ Judging Status (Circle one): Mentor Partner

Provisional: 1st assignment _____, 2nd assignment _____, 3rd assignment _____, over 3 assignments _____

2) Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

NCA member? (Y/N) _____ Judging Status (Circle one): Mentor Partner

Provisional: 1st assignment _____, 2nd assignment _____, 3rd assignment _____, over 3 assignments _____

Observer Judge (if any): _____ 1st time _____ 2nd time _____

Draft Test Chairman:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Regional club officer? (Y/N) _____ Position _____ NCA member? (Y/N) _____

Draft Test Secretary:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Regional club officer? (Y/N) _____ Position _____ NCA member? (Y/N) _____

Third Committee Member:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Regional club officer? (Y/N) _____ Position _____ NCA member? (Y/N) _____

We, the above, will abide by all NCA Draft Test Regulations and guarantee that all necessary equipment and material will be available the day of the test and that all forms and reports will be returned to the Draft Test Records Person of the NCA Working Dog Committee no later than 30 days after the day of the test.

Signature of the Draft Test Chairman: _____

Signature of the Draft Test Secretary: _____

Signature of the Third Committee Member: _____

All signers of this form must be members of the NCA and the Regional hosting club

I, _____ (print name), as a member of the _____ (Regional Club Name)

Board of Directors, confirm that the Board of Directors is aware of and approve this event.

Signature: _____ Date: _____

Regional Club Website: _____

This application and all necessary forms must reach the Draft Test Applications Person of the NCA Working Dog Committee (name is posted on the NCA web site) AT LEAST 4 months prior to the draft test date. If two tests are being held each test must have a separate application unless all of the elements are the same (site, judges, etc), then both dates hold be entered on one form.