Newfoundland Club of America - Advanced Draft Test Application We (Name of Regional Club): Request to hold an official NCA Advanced DraftTest on (Date): near or in (City): (State): (Zip Code): This site has been used for an NCA Advanced 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): I) Name: _____ Email: ____ Address:______State:____Zip____ Phone:()______ NCA member(Y/N)_____ Judging Status (Circle one): Mentor Partner Address:____ Provisional: 1st assignment ______, 2nd assignment ______, 3rd assignment _____, over 3 assignments_____ ____Email:___ 2) Name: Address: City: _____ State: ___ Zip ___ Phone:() _____ NCA member? (Y/N) ____ Judging Status (Circle one): Mentor Partner Provisional: Ist assignment _____, 2nd assignment _____, 3rd assignment _____, over 3 assignments Observer Judge (if any): ______ Ist time_____ 2nd time_____ **Advanced Draft Test Chairman:** Name:_____ Email:_____ Address:___ ______State:______Zip:_____ Phone:()_____ Regional club officer? (Y/N)_____Position_____NCA member? (Y/N)_____ Advanced Draft Test Secretary: Email: Name: Address:_____ _____State:_____Zip:____ Phone:()_____ Regional club officer? (Y/N)_____Position_____NCA member? (Y/N)_____ Third Committee Member: Name:_____Email: Address:_____ State:____Zip:____ Phone:()____ Regional club officer? (Y/N)_____Position_____NCA member? (Y/N)____ We, the above, will abide by all NCA Advanced 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 Advanced Draft Test Records Person of the NCA Working Dog Committee no later than 30 days after the day of the test. Signature of the Test Chairman:______ Signature of the Test Secretary:____ Signature of the Third Committee Member:_____ **All signers of this form must be members of the NCA and the Regional hosting club** _____ (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.

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 should be entered on one form.

Signature:______ Date:_____

Regional Club Website: