



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): _____

____ DD/TDD Test ____ DDX/TDDX Test

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 should be entered on one form.