NCA 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): ______

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 course locations)

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**

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 and must be accompanied by the $35.00 filing fee payable to the Newfoundland Club of America (NCA). If two tests are being held each test must have a separate application and fee.