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):___________________

The Judges will be:
1) Name:______________________________________________________________________________________
Address:____________________________________________________________________________________
City:_______________________________________________State:______________Zip___________________
Phone Number (_____)_____________E-Mail__________________Currently an NCA member? (Y/N)________
Judging Status (Circle one):          Mentor          Partner          Provisional

2) Name:______________________________________________________________________________________
Address:____________________________________________________________________________________
City:_______________________________________________State:______________Zip___________________
Phone Number (_____)_____________E-Mail__________________Currently an NCA member? (Y/N)________
Judging Status (Circle one):          Mentor          Partner          Provisional

Draft Test Chairman:
Name:____________________________________Phone Number: (_____)__________E-Mail_______________
Address:____________________________________________________________________________________
City:___________________________________________________State:____________Zip:________________
Regional club officer? (Y/N)_________Position___________________________NCA member? (Y/N)________

Draft Test Secretary:
Name:____________________________________Phone Number: (_____)__________E-Mail_______________
Address:____________________________________________________________________________________
City:___________________________________________________State:____________Zip:________________
Regional club officer? (Y/N)_________Position___________________________NCA member? (Y/N)________

Third Committee Member:
Name:____________________________________Phone Number: (_____)__________E-Mail_______________
Address:____________________________________________________________________________________
City:___________________________________________________State:____________Zip:________________
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:_______________________________________________________________

Notes:  1. Please include a detailed map and description of the test site unless you used the same site previously.
        2. If one of the judges is a Provisional Judge, attach the required Profile Information for Provisional Judge Form
           that has been completed and signed by the judge.
        3. Enclose a completed Judge’s Acceptance Form for each judge.
        4. All signers of this form must be members of the NCA

This form must reach the Draft Test Applications Person of the NCA Working Dog Committee AT LEAST 4
months prior to the draft test and must be accompanied by the $35.00 filing fee payable to the Newfoundland Club
of America (NCA).