



LICENCE APPLICATION FORM FOR A WORKING TRIAL

PLEASE NOTE, THIS FORM MUST ONLY BE USED FOR OPEN OR LIMITED SHOWS IN SCOTLAND

A DETAILS OF SOCIETY/CLUB		PLEASE COMPLETE IN BLOCK CAPITALS AND INK
TYPE OF SHOW	DATE OF SHOW	FEE
VENUE FULL ADDRESS		
CLOSING DATE FOR ENTRIES		
DATE OF APPLICATION		

B GUARANTORS	
<p>We, the undersigned, make application to hold a Working Trial and agree to be bound by all Kennel Club Rules and Regulations in their present form or as they may be amended from time to time in relation to all canine matters with which the Kennel Club is concerned. We also agree to act as Guarantors to the Trial and accept the conditions on the Working Trial Guarantors' Declaration. We agree to conduct the Trial in accordance with Kennel Club Working Trial Regulations and to guarantee the payment of prize money within 31 days of the Working Trial. We also undertake to admit members of the Committee of the Kennel Club.</p>	
TO BE COMPLETED FOR WORKING TRIALS	
MR/MRS/MISS/MS	INITIALS SURNAME
ADDRESS	
POST CODE	TEL NO
SIGNATURE OF CHAIRMAN OF SOCIETY	
DATE	
MR/MRS/MISS/MS	INITIALS SURNAME
ADDRESS	
POST CODE	TEL NO
SIGNATURE OF TREASURER OF SOCIETY	
DATE	
MR/MRS/MISS/MS	INITIALS SURNAME
ADDRESS	
POST CODE	TEL NO
SIGNATURE OF SECRETARY OF SOCIETY	
DATE	
<p>PLEASE NOTE: The Signatories to this form must include the Chairman, Treasurer and Secretary of the Society. If the same person holds two of these offices, the signature of another responsible member of the Committee must be obtained and Section C(2) completed. Subject to this, Section C(1) overleaf need only be completed for Championship Trials.</p> <p>If it is proposed to offer certificates at the Trials, specimens of the certificates and the conditions of their award must be submitted to the Committee of the Kennel Club for approval.</p>	

C (1) CHAMPIONSHIP TRIALS GUARANTORS ONLY

MR/MRS/MISS/MS	INITIALS	SURNAME
ADDRESS		
POST CODE		TEL NO
SIGNATURE OF COMMITTEE MEMBER		DATE
MR/MRS/MISS/MS	INITIALS	SURNAME
ADDRESS		
POST CODE		TEL NO
SIGNATURE OF COMMITTEE MEMBER		DATE
MR/MRS/MISS/MS	INITIALS	SURNAME
ADDRESS		
POST CODE		TEL NO
SIGNATURE OF COMMITTEE MEMBER		DATE

C (2) GUARANTORS (SEE NOTE ON PAGE 1)

MR/MRS/MISS/MS	INITIALS	SURNAME
ADDRESS		
POST CODE		TEL NO
SIGNATURE OF COMMITTEE MEMBER		DATE

D STAKES **TO BE COMPLETED FOR ALL SHOWS**

Please tick as appropriate

- | | |
|---|---|
| CD (Companion Dog) <input type="checkbox"/> | TD (Tracking Dog) <input type="checkbox"/> |
| UD (Utility Dog) <input type="checkbox"/> | PD (Patrol Dog) <input type="checkbox"/> |
| WD (Working Dog) <input type="checkbox"/> | Introductory Stake <input type="checkbox"/> |

KENNEL CLUB OFFICIAL USE ONLY

DATE RECEIVED	
FEE PAID	LICENCE ISSUED