



Curly-coated Retriever Club of America, Inc.
APPLICATION FOR SANCTIONED WORKING CERTIFICATE TESTS

Name of club, event secretary and complete address and telephone number

Exact location of tests

Name, address and telephone number of landowner:

Date and time of tests

Will test day entries be accepted? _____

Will the test be open to other breeds? _____

Type of game birds used:

Have necessary federal/state permits been obtained? _____

Please print judges names, addresses, and telephone numbers. list judges qualifications and tests to be judged:

Date in: _____

Processed by: _____

Date out: _____



Curly-coated Retriever Club of America, Inc.
WORKING CERTIFICATE TESTS EMERGENCY PLAN

Name of emergency coordinator on test day

EMERGENCY COORDINATOR MUST HAVE A WORKING CELLPHONE

Name, address and telephone number of nearest hospital:

Name, address and telephone number of nearest veterinary hospital:

Name, address and telephone number of nearest police or ambulance service:

This completed form should be mailed to the CCRCA Field Chairman.

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Olyphant, PA 18447
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