

SDDA TRIAL APPLICATION

Please print clearly

Host information:

My name: _____ SDDA Membership # _____

Address: _____





email _____

Trial Information:

Date of trial: _____ Location: _____

If applying for multiple trials at this venue please check

2nd Date: _____

3rd Date: _____

Address: _____

Website if applicable: _____

Trial Chair: _____  _____

Trial Secretary: _____  _____

Levels and components offered:

Started: Container Interior Exterior – please circle (A) vehicle search or (B) area search

Advanced: Container Interior Exterior – please circle (A) vehicle search or (B) area search

Excellent: Container Interior Exterior – please circle (A) vehicle search or (B) area search

Elite:

Judge(s):

1. _____

2. _____

3. _____ (you may include an alternate/back-up judge)

Your chosen judge has been contacted and has agreed to save the date of your trial pending SDDA approval --- initial here _____

Description of Venue:

Community centre/training hall/hotel/etc. please describe below:

Describe spaces available for each level & component. (floor plans, photos and video welcome)

Containers:

Interiors:

Exteriors:

Staging/Crating (if applicable):

Secretary area:

Hide Prep area:

Confirm that the square footage intended for use (each component) meets the requirements stated in the SDDA Rule Book – initial here: _____

NOTE: The following items will be provided by the SDDA: score sheets, qualifying ribbons, Championship and Master Championship rosettes and pins. Title rosettes may be purchased. All other prizing and materials must be provided by the host.

Please return the completed form at least 60 days prior to the intended trial date. Include the non-refundable application fee of \$50 Cdn **per trial day** payable to: **Sporting Detection Dogs Association**
c/o N. Dressler, 6400 Glen Knolls Drive, Ottawa, Ontario K1C 2X2 email norm@sportingdetectiondogs.ca

Payment made via: cheque or money order email transfer or PayPal to stacey@sportingdetectiondogs.ca

Amount submitted: _____ Date submitted: _____

For office use only:

| Trial numbers | Judge 1 | Judge 2 | Date approved |
|---------------|---------|---------|---------------|
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