



The Bermuda Kennel Club Inc.

Application for Holding a Canine Good Citizen Test

NAME OF ORGANISATION: _____

NAME OF PERSON APPLYING: _____

CONTACT NUMBER: _____ HOME _____ WORK _____

E-MAIL: _____

LOCATION OF TEST: _____

DATE OF TEST: _____ CANCELLATION DATE: _____

NAME OF EVALUATORS: _____

EVALUATOR(S) QUALIFICATIONS: _____

NUMBER OF CGC TEST SHEETS REQUIRED: _____

NUMBER OF CGC CERTIFICATES REQUIRED: _____

Please note: All completed CGC test sheets must be returned to the BKC office along with any unused test sheets and certificates.

For Bermuda Kennel Club use only. \$20.00 application fee _____

Name of attending BKC representative: _____

Approved: _____ Date: _____

Completed test sheets returned: _____ Date: _____