



The Bermuda Kennel Club Inc.
Website: <http://bermudakennelclub.com/index.html>

APPLICATION FOR HOLDING A CANINE GOOD CITIZEN TEST

NAME OF ORGANISATION: _____

NAME OF PERSON APPLYING: _____

CONTACT NUMBER: h) _____ cell) _____ w) _____

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 tests must be returned to the BKC along with any unused test sheets and certificates.

Privacy Statement: www.bermudakennelclub.com/privacy. Information may be used for Club administration and published in connection with events.

For Bermuda Kennel Club use only.

\$20.00 application fee: _____

Name of attending BKC representative: _____

Approved: _____ Date: _____

Completed test sheets returned: _____ Date: _____