



**AMERICAN
KENNEL CLUB®**

PERFORMANCE EVENTS DEPARTMENT

PO Box 900051, Raleigh, NC 27675-9051

Tel: 919-816-3908 / Fax: 919-816-4211

Send via email: performanceevents@akc.org

HUNT TEST EVENT APPLICATION for Spaniels or Pointing Breeds

Club Name: _____

Event# (if known): _____ Date Start: _____ Date End: _____

Site Name: _____

City, State: _____ Zip: _____

Check Off which type of Hunt Test - Pointing Breeds Spaniels

Please review the following application instructions:

Applications must be sent a minimum of 3 months in advance in order to be reviewed properly and allow for enough lead time. The license fee is \$35. Applications received within less than 3 months of the event date may incur a \$50 late fee. (No fee is required of a Member Club for the first event within a year, but a \$15 fee must accompany an application for an additional event to be held within that calendar year.) Event Application Fees are non-fundable.

A hunt test event application is not deemed as approved until ALL information has been received and the club is given approval confirmation.

After approval is received, the information given on this form must be printed in the premium list along with any other information required under the respective regulations. Please email this event premium list to: performanceevents@akc.org

OPENING / CLOSING INFO:

Entries will OPEN at what time: _____ time zone: _____ date: _____

Entries will CLOSE at what time: _____ time zone: _____ date: _____

Drawing will be held where: _____

Time and date of Drawing: _____

Specify Numerical or Daylight Limit, if applicable: _____

Will this event have a water test? YES NO

Event Secretary: _____

Street Address: _____

City State Zip: _____

Tel 1: _____ Tel 2: _____ Email: _____

Event Chair: _____

Street Address: _____

City State Zip: _____

Tel 1: _____ Tel 2: _____ Email: _____

TEST LEVELS:	DATE:	START TIME:	ENTRY FEE:

Neither the Hunting Test Secretary nor any member of the Hunting Test Committee will be approved as a Judge to be advertised or published in the Premium List. Approval of Judges is subject to the qualification requirements at the time.

JUDGE #:	JUDGE NAME:	TEST LEVEL:	EMAIL:	TEL#

Names of Event Committee Members: (A minimum of 5 members required)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please provide contact info for the club - President, Vice President, Secretary, Treasurer.

NAME	POSITION	COMPLETE ADDRESS	TEL#	EMAIL
	President			
	Vice President			
	Secretary			
	Treasurer			

The club certifies that a completed Disaster & Emergency Plan will be available at the event. By checking this box, a completed plan no longer needs to be submitted with application.

Signature of Club Officer: _____ Date: _____

Printed Name of Club Officer and Title: _____