



Application for TDAA Sanctioned Test

Host Organization Name: _____

Event Date(s): _____

Host Organization Identification Number: _____

	Trial Chairperson	Trial Secretary
Name		
Address		
City, State, Zip		
Phone number		
E-mail address		

Check box if member of TDAA

Check box if member of TDAA

	Trial Site Information
Location	
Address	
City, State, Zip	
Arena Dimensions	
Arena Surface Type	
Obstructions	

Trial classes and judge schedule					
Day 1		Day 2		Day 3	
Class/Event	Judge	Class/Event	Judge	Class/Event	Judge

General Agreement

The acceptance and exercise of rights granted herein are made with the express understanding that TDAА assumes no liability for the conduct of the test or activities associated therewith, or for losses sustained for revocation of this license for any reason. Through submission of this application, the host, its officers, agents, representatives, principals, members and/or employees accept the terms and provisions set forth in this temporary limited use license agreement. In consideration of the extension of limited rights of use under this license agreement as expressly stated above, host organization shall remit to TDAА licensing fees in the amount of \$2.00 per run in standard agility titling classes and games titling classes.

The complete application package includes:

1. A signed copy of this application and agreement.
2. A premium for the trial (may be submitted via e-mail to trialapplication@k9tdaa.com)
3. A copy of the Certificate of Liability Insurance coverage for the host organization
4. A \$50.00 filing fee.

Approval will be granted for this event upon receipt and approval of all required documents and fees.

This application must be postmarked no later than two months prior to the test/event date.

Duly elected officer, director, or principal of host group:

Print Name:

Title:

Signed: _____ Date: _____

Send application with fee to:

Teacup Dogs Agility Association, Post Office Box 158, Maroa, IL 61756

Office use only	
Postmark date: _____	Check #: _____
Date sent to review: _____	
Date Approved: _____	Trial Number: _____