



## Event Web Listing Form

Name of host club: \_\_\_\_\_

TDAA host club number: \_\_\_\_\_

Type of event (please check all that apply:

\_\_\_\_\_ Trial          \_\_\_\_\_ Working Seminar

\_\_\_\_\_ Other – please describe: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location of event: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_

Surface: \_\_\_\_\_

Judge(s) if known: \_\_\_\_\_

Person to contact for additional information: \_\_\_\_\_

Contact person's email: \_\_\_\_\_

Additional information about event:

Name of person completing this form (print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form and return it to TDAA, P.O. Box 158, Maroa, IL 61756

Revised 12/9/09

Effective 1/1/2010