



Application for TDAA Sanctioned Test

Return this form with \$25 to:

Teacup Dogs Agility Association
14543 State Route 676
Waterford, OH 45786

Sanctioned Test \$25

First Date of Event: _____ **Last Day:** _____

Closing Date (if any): _____

Host Club _____ **Club ID:** _____

Trial Chair

Name _____

Address _____

City, State, Zip _____

Day Telephone _____

Cell Phone _____

Email Address _____

Secretary

Name _____

Address _____

City, State, Zip _____

Day Telephone _____

Cell Phone _____

Email Address _____

Trial Site Information

Location _____

City, State _____

Area Dimensions _____

Surface Type _____

Event Emergency Contact

Name _____

Phone Number _____

Attach a drawing to this application showing the event area and indicating obstructions, dimensions, and locations of vending and crate area, parking area, type of ring barrier and facilities and landmarks adjacent to the agility area.

General Agreement

Submission of this application constitutes your understanding of and assent to this General Agreement. The acceptance and exercise of rights granted herein are made with the express understanding that TDAA 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 TDAA licensing fees in standard agility titling classes and games titling classes.

A \$25.00 non-refundable filing fee shall be submitted with this application. This application is due two months prior to the test/event date. All other fees shall be remitted with the Host Club's Test Report along with required attachments as listed on the Host Club's Test Report form.

Effective January 1, 2014

Office Use Date _____

CK # _____ Amt _____

___ Trial Application Received

___ Assign Trial # = _____

___ Add to Calendar

___ Email Trial Secretary

