

# AAC Championships



## Regional Application ~~Form~~

Please send completed application to the national Steering Committee Chair;  
Tahnis Manhard [m.tahnis2@gmail.com](mailto:m.tahnis2@gmail.com)

### Application must include the following typed information:

#### Regional Details:

- Location: \_\_\_\_\_
- Proposed Date: \_\_\_\_\_
- Host Club or Group: \_\_\_\_\_
- Address: \_\_\_\_\_
  
- Website Information if available: \_\_\_\_\_

#### For the following people (•^^Áæ&@ãÁ¡¡; ÁDÁ^|L D

Trial Chair Person, Co-Chair, Trial Secretary, Score Person(s) and Ribbon Coordinator.

- Names
- Address and postal code
- Phone number, Cell Number, Fax Number
- Email address

#### Judges List (see attached form F2 below):

##### **Include**

- Names
- Home province
- Email address

#### Site:

Identify if this is an approved site. If not, advise what, if any, arrangements have been made for approval. **Regional cannot be fully approved until site is approved.**

- Approved site; When was it approved and by whom? \_\_\_\_\_
- Site is not approved; Attach details on approval arrangements.

#### Rings:

**Ring sizes;** NOT less than 9,000 square feet, with no side being less than 70 feet.

**Surface;** must be firm non-slip surface providing SAFE footing for handlers and dogs.

- Give details on each ring, sizes and surface.

@k                    °°                    Typed Document With Details For The Following:

YES

- Insurance:
- E-Timing:
- Benching:
- Parking:
- Exercise Area:
- Booth Space:
- Security On Site:
- Washroom Facilities

YES YES

- Camping / Hotel Access:
- TV Coverage / Sponsorship:
- Special Events If Any (Evenings):
- Facility Information:

**Applications must also include**

- A proposed budget
- A sketch of the site layout.

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F1

**Regional Personnel**

Trial Chair *or* \_\_\_\_\_

Name:							
Address					City:		
Prov:		PC:		Tel:		Fax:	
Cell:			Email:				

Trial Co-Chair *or* \_\_\_\_\_

Name:							
Address					City:		
Prov:		PC:		Tel:		Fax:	
Cell:			Email:				

Trial Secretary *or* \_\_\_\_\_

Name:							
Address					City:		
Prov:		PC:		Tel:		Fax:	
Cell:			Email:				

Ribbon Coordinator *or* \_\_\_\_\_

Name:							
Address					City:		
Prov:		PC:		Tel:		Fax:	
Cell:			Email:				

Score Person *or* \_\_\_\_\_

Name:							
Address					City:		
Prov:		PC:		Tel:		Fax:	
Cell:			Email:				

Title: \_\_\_\_\_

Name:							
Address					City:		
Prov:		PC:		Tel:		Fax:	
Cell:			Email:				

PRINT THIS PAGE AGAIN FOR MORE PEOPLE

F2

**Judges List**

1. Name: \_\_\_\_\_

Prov: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Prov: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Prov: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_

Prov: \_\_\_\_\_ Email: \_\_\_\_\_

5. Name: \_\_\_\_\_

Prov: \_\_\_\_\_ Email: \_\_\_\_\_

6. Name: \_\_\_\_\_

Prov: \_\_\_\_\_ Email: \_\_\_\_\_

7. Name: \_\_\_\_\_

Prov: \_\_\_\_\_ Email: \_\_\_\_\_

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