

**FLAT-COATED RETRIEVER SOCIETY OF AMERICA, INC.**

**APPLICATION TO HOST AN FCRSA-SPONSORED WC/WCX TEST**

Per the FCRSA WC-WCX rules, a host club is required to complete and **submit the following items at least sixty (60) days prior to the test date:**

- Application to host an FCRSA-Sponsored WC/WCX Test (this form)
- The FCRSA WC-WCX Event Insurance Form (*required from FCRSA-member clubs only*)
- WC/WCX proposed income/expenses report or budget (*required from FCRSA-member clubs only*)

Before completing this application, read the FCRSA WC/WCX ADMINISTRATIVE REQUIREMENTS OF HOLDING WC AND WCX TESTS for important information on the FCRSA requirements for judges and test committee members. FCRSA-member clubs should include a copy of their proposed budget for the test, and a completed FCRSA WC-WCX Event Insurance Form when submitted this application. You will find forms at <http://www.fcrsa.org/field-forms/>

Send your completed application form (and other required forms) by email or USPS to:

**Leslie Phillips**  
**FCRSA WC/WCX Administrator**  
2800 Wynnree Ct  
Hilliard, OH 43026  
[lcphillips@aol.com](mailto:lcphillips@aol.com)

(Please print clearly)

Date of test: \_\_\_\_\_ Host Club(s): \_\_\_\_\_

Chair(s) of test: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Chair(s) qualifications (use separate sheet if necessary) \_\_\_\_\_

Judges' qualifications (separate sheet if more than 4)

NAME	AKC JUDGE #	ADDRESS	QUALIFICATIONS, INCLUDING JUDGING POINTS

Exact Location of test \_\_\_\_\_

Type of birds to be used \_\_\_\_\_

Entry fees WC \_\_\_\_\_ WCX \_\_\_\_\_

Anticipated number of entries WC \_\_\_\_\_ WCX \_\_\_\_\_

Will Golden Retrievers be invited to run? YES \_\_\_\_\_ NO \_\_\_\_\_

Will bitches in season be allowed to run? \_\_\_\_\_

Any additional club(s) associated with or co-sponsoring this test? (if applicable) \_\_\_\_\_

Application submitted by: Name \_\_\_\_\_

Date \_\_\_\_\_

Please provide your contact information:

Name \_\_\_\_\_

Committee/test position \_\_\_\_\_

Address \_\_\_\_\_

Phone & e-mail address: \_\_\_\_\_

**Names and Addresses of Test Committee**

(Addresses of the FCRSA committee members whose addresses are correct in the current Society Membership Directory need not be listed). Please indicate Co-Chair and GRCA members (if applicable):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_