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 Wynnetree Ct
Hilliard, OH 43026
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)

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<tr>
<th>NAME</th>
<th>AKC JUDGE #</th>
<th>ADDRESS</th>
<th>QUALIFICATIONS, INCLUDING JUDGING POINTS</th>
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Form Updated 7/2018
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) _________________________________________________________________

Form Updated 7/2018