



# Certificate of Conformation Assessment Program CCA Event Host Club Application

## THE GOLDEN RETRIEVER CLUB OF AMERICA INC.

Submit to the GRCA CCA Committee at least 60 days prior to the proposed event date.  
Send to: Robin Bowen, PO Box 884, Hixson, TN 37343 (423) 875-0952

WE THE, \_\_\_\_\_ (Club) apply for permission to hold a  
CCA Event on \_\_\_\_\_ (date) starting at \_\_\_\_\_ (time)

The location for the CCA Event will be \_\_\_\_\_.

Entry Fee \$ \_\_\_\_\_ \*\*Limited Entry of \_\_\_\_\_ Alternates \_\_\_\_\_ Closing Date \_\_\_\_\_

\*\*Other Limits (explain): \_\_\_\_\_

Entries accepted by:  Random Draw  First Received \*Opening Date \_\_\_\_\_  
(\*Opening date is optional and if listed then NO entries may be accepted before this date.)

What is the earliest date this event may be posted to the GRCA Website: \_\_\_\_\_

### EVALUATORS FOR THE CCA EVENT SHALL BE:

1. \_\_\_\_\_

Category 1  Category 2  On CCA Evaluator List  New Application or Changes ATTACHED

2. \_\_\_\_\_

Category 1  Category 2  On CCA Evaluator List  New Application or Changes ATTACHED

3. \_\_\_\_\_

Category 1  Category 2  On CCA Evaluator List  New Application or Changes ATTACHED

### CCA HOST CLUB EVENT COMMITTEE MEMBERS (2 of whom shall be GRCA members)

CCA Event Chairman: \_\_\_\_\_  GRCA Member

CCA Event Secretary: \_\_\_\_\_  GRCA Member

CCA Event Committee Member: \_\_\_\_\_  GRCA Member

### CCA Package will be sent to Host Club's Event Secretary

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*I have read and understand the latest revision of the GRCA CCA Program Rules and Regulations and I shall endeavor to have them adhered to.*

Signature \_\_\_\_\_

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

Title of Host Club CCA Event Committee Member \_\_\_\_\_

CCA USE ONLY Date Received \_\_\_\_\_