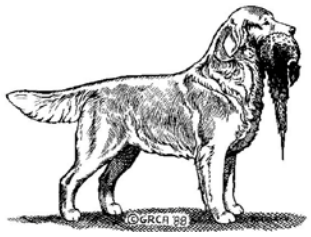

GRCA CCA EVENT REPORT FORM

Use 1 page for every 10 entries. Complete within 14 days of Event and send to:
Robin Bowen, PO Box 884, Hixson, TN 37343 (423) 875-0952

DATE of EVENT:_____ **PAGE NO:** _____

HOST CLUB:_____

Evaluators (A):_____ **CAT 1 or 2**

(B):_____ **CAT 1 or 2**

(C):_____ **CAT 1 or 2**

Dog No.	Name of Dog	Evaluators A	B	C	Awards

Incident Report: *Explain here any unusual happenings, including dogs disqualified, dismissed, or excused for any reason; event committee hearings; and complaints or protests. Use the back of this form for additional comments.*

Signature of Event Secretary: _____

Print Name: _____ Date: _____