

# FLAT-COATED RETRIEVER SOCIETY OF AMERICA, INC.

## APPLICATION TO HOST A FCRSA-SPONSORED WC/WCX TEST

PLEASE PRINT CLEARLY! **NOTE:** Before completing, read FCRSA WC/WCX test rules and requirements regarding requirements for judges and test committee members. FCRSA local clubs should also include a copy of the proposed budget for the test, and Request for Insurance Form if insurance coverage under the FCRSA policy is sought.

Send completed test application form and other required forms to:

Leslie Phillips, FCRSA WC/WCX Administrator  
2800 Wynnree Ct  
Hilliard, OH 43026

Date of test \_\_\_\_\_ Host Club \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Qualifications (use separate sheet if necessary) \_\_\_\_\_

Judges (separate sheet if more than 2)

NAME	AKC JUDGE #	ADDRESS	QUALIFICATIONS, INCLUDING JUDGING POINTS

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

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

Entry fees \_\_\_\_\_ Anticipated entries \_\_\_\_\_

Goldens invited to run? \_\_\_\_\_ Bitches in season invited to run? \_\_\_\_\_

FT or HT Club associated with (if applicable) \_\_\_\_\_

Submitted by \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

If not Chair, print name, address, phone, e-mail address: \_\_\_\_\_

(over, please)

**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) \_\_\_\_\_  
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(5) \_\_\_\_\_  
\_\_\_\_\_  
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(6) \_\_\_\_\_  
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(7) \_\_\_\_\_  
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