



STATEMENT OF COMPLIANCE WITH AKC® POLICIES GOVERNING THE APPROVAL OF DOG SHOWS

(Please type or print clearly)

Please check at least one of the following activities and include all relevant information. Note: Two are required within 10 miles of the club territory if both shows are outside your club's territory.

A.

- Independent Match, Educational Match, Canine Good Citizen Test, Public Education Program, Other Outreach Programs, National or Regional Spec. (Each with Date, YES, NO options)

Have you submitted an application for this event to the AKC Event Plans Department? YES NO If not, when do you plan to submit it?

B. Please check at least two of the following activities.

Note: Four are required if both shows are outside your club's territory.

- CONFORMATION AND/OR OBEDIENCE TRAINING CLASSES: DATE: YES NO * Please specify type and dates held. BREEDER REFERRAL SERVICE: YES NO • Please specify type TWO EDUCATIONAL PROGRAMS HELD AT CLUB MEETINGS: DATE: YES NO • Please specify topics and dates held DOG SHOWS TOURS: DATE: YES NO • Please specify types and dates. MINIMUM OF FOUR PROVISIONAL JUDGES ON ONE PANEL: DATE: YES NO (SPECIALTIES USE ONE JUDGE) (Judges licensed for no more than one group) • Please specify judges and show. REGISTERED HANDLER SEMINARS OR WORKSHOP: DATE: YES NO NEW EXHIBITOR BRIEFING: DATE: YES NO



**AMERICAN
KENNEL CLUB**

AKC SHOW COMMITTEE SEMINARS: DATE: _____ **Yes** **No**

DISASTER PLANNING: DATE: _____ **Yes** **No**

MEET THE BREEDS: DATE: _____ **Yes** **No**

HEALTH CLINICS: DATE: _____ **Yes** **No**

(Please type or print clearly)

CLUB NAME: _____

CLUB OFFICER'S NAME & TITLE _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

SIGNATURE OF CLUB OFFICER: _____

DATE: _____

**PLEASE RETURN THIS FORM TO:
AMERICAN KENNEL CLUB
ATTN: EVENT OPERATIONS DEPARTMENT
PO BOX 37929
RALEIGH, NC 27627-7929
Phone: (919) 816-3579
Fax: (919) 816-4215
www.AKC.org**