

TRIAL SANCTIONING APPLICATION

NATIONAL CATTLED OG ASSOCIATION

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NAME OF TRIAL _____

TRIAL DATE(S) _____

LOCATION _____

ADDRESS _____

PLACE AN "X" NEXT TO THE TYPE OF TRIAL YOU ARE HOSTING:

ON FOOT ONLY _____ HORSEBACK ONLY _____ HORSEBACK & ON FOOT _____

NUMBER OF:

OPEN CLASSES _____ NURSERY CLASSES _____ INTERMEDIATE CLASSES _____

OTHER CLASSES _____

CONTACT PERSON _____

PHONE _____ EMAIL _____

WEBSITE _____

NOTES _____

SIGNATURE _____

DATE _____