



## APPLICATION FOR FIELD TRIAL CONSENT

Name of Club \_\_\_\_\_

Location of Test \_\_\_\_\_

Test Date \_\_\_\_\_

Applying for:  Regular Field Trial (licensed trial)  
 ISCA Local Trial (Member AKC trial) \* Must fill out page 1 and 2

Stakes & Breeds Eligible: *(please put a check in box and list breeds beside the stake)*

- |   |  |
|---|--|
| <input type="checkbox"/> Open Puppy _____             | <input type="checkbox"/> Open Derby _____                |
| <input type="checkbox"/> Open Gun Dog _____           | <input type="checkbox"/> Open Limited Gun Dog _____      |
| <input type="checkbox"/> Open All Age _____           | <input type="checkbox"/> Open Limited All Age _____      |
| <input type="checkbox"/> Amateur Gun Dog _____        | <input type="checkbox"/> Amateur Limited Gun Dog _____   |
| <input type="checkbox"/> Amateur Walking Puppy _____  | <input type="checkbox"/> Amateur Walking Derby _____     |
| <input type="checkbox"/> Grand Open Ltd Gun Dog _____ | <input type="checkbox"/> Grand Amateur Ltd Gun Dog _____ |
| <input type="checkbox"/> Grand Open Ltd All Age _____ | <input type="checkbox"/> Grand Amateur Ltd All Age _____ |

Field Trial Chairman \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Field Trial Secretary \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Club President \_\_\_\_\_

Signature of Trial Chairman or Secretary \_\_\_\_\_

*(If sending via email – just type your name in to represent your signature)*

Please Email application to: [61cass@gmail.com](mailto:61cass@gmail.com)

Or mail to: Cassie Allen  
3845 DARBYSHIRE DR  
Hilliard, OH 43026

(no later than 5 months before the proposed date of the trial)

ISCA Approval \_\_\_\_\_

*(If sent via email – typed name represents signature)*

# **ADDITIONAL INFORMATION FOR AN ISCA LOCAL FIELD TRIAL**

**MUST provide copy of local club insurance with a rider on club's insurance to  
indemnify ISCA**

**No Local Trial will be approved without proof of Insurance**

**When applying for an ISCA Local Field Trial – a \$15 check made payable to AKC  
must accompany the application**

**Field Trial Committee Members (must also be ISCA Members):**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**ATTACH CURRENT MEMBERSHIP LIST OF THE HOST CLUB**