



**AMERICAN  
KENNEL CLUB®**

Application and Judges Panel for AKC® Licensed or Member  
**JUNIOR SHOWCASE AGILITY TRIAL**

This Agility Junior Showcase application **must** be received by the American Kennel Club with the appropriate fees at least **18 weeks prior** to the closing date of the Trial for the club to be in compliance with Chapter 1, Section 5 of the Regulations for Agility Trials. **Please complete all three pages of the application.**

A separate application is required for each Trial date. Money penalties may be imposed or application may be rejected for noncompliance. Incomplete applications will not be approved. Event applications and judges panel for Junior Showcase events may only be submitted on paper. They may be mailed or faxed to: **American Kennel Club, Event Operations, PO Box 900051, Raleigh, NC 27675-9051 FAX: 919-816-4210**

**SECTION 1. CLUB INFORMATION** There is no event application fee required for a Junior Showcase Event.

EVENT NUMBER (if known) \_\_\_\_\_ NAME OF CLUB \_\_\_\_\_ EVENT DATE (on or after January 1, 2017) \_\_\_\_\_

NAME OF THE EVENT FACILITY \_\_\_\_\_

EXACT ADDRESS OF THE EVENT FACILITY \_\_\_\_\_  
(Include Street Address, City, State and Zip Code)

Is this location in your Club's Territory? ☐ Yes ☐ No (If no, attach a consent letter from the club owning the territory.)

Special Attraction: ☐ Yes ☐ No (If yes, include detailed explanation and a completed form.) **Subject to AKC approval.**

**SECTION 2. INDICATE THE METHOD OF ENTRY (choose one)** An \* identifies a required field in this section.

\*Mark time zone where entries will be received [ ] Atlantic [ ] Eastern [ ] Central [ ] Mountain [ ] Pacific

**A) LIMITED TRIAL**

TOTAL NUMBER OF RUNS AT THIS EVENT\* \_\_\_\_\_

☐ **First Received:** Opening Date \* \_\_\_\_\_ and Time \* \_\_\_\_\_ ☐ AM ☐ PM  
Closing Date \* \_\_\_\_\_ and Time \* \_\_\_\_\_ ☐ AM ☐ PM

☐ **Random Draw:** Opening Period, Start Date \* \_\_\_\_\_ and Time \* \_\_\_\_\_ ☐ AM ☐ PM  
Opening Period, Finish Date \* \_\_\_\_\_ and Time \* \_\_\_\_\_ ☐ AM ☐ PM  
Random Draw Date \* \_\_\_\_\_ and Time \* \_\_\_\_\_ ☐ AM ☐ PM  
Closing Date \* \_\_\_\_\_ and Time \* \_\_\_\_\_ ☐ AM ☐ PM

**Random Draw Location\*** (must provide complete address, city, state, zip code) \_\_\_\_\_

**B) UNLIMITED TRIAL**

Opening Date\*and Time\* \_\_\_\_\_ Closing Date\* and Time\* \_\_\_\_\_

**SECTION 3. ADDITIONAL EVENT INFORMATION** (Complete all questions to avoid a delay in event approval.)

Open to all breeds\*? [ ] YES [ ] NO Open to Single Breed or Group? [ ] YES [ ] NO If yes, please indicate the breed or Group \_\_\_\_\_

**\*All-Breed trials must be open to All American/Mixed Breed dogs enrolled in the AKC Canine Partners Program.**

**Please Continue on Back and Complete All 3 Pages of Application**

Name of Club: \_\_\_\_\_ Event Date: \_\_\_\_\_

**SECTION 4.** Event will be held: [ ] **INDOORS** [ ] **OUTDOORS** (under cover? [ ] Yes [ ] No ) [ ] **BOTH**

Dimensions for course area(s) \_\_\_\_\_ # of Rings \_\_\_\_\_

**SECTION 5. ENTRY FEES PER DOG** (List all that are applicable.) 1st Entry Fee \$ \_\_\_\_\_ 2nd Entry Fee \$ \_\_\_\_\_

3rd Entry Fee \$ \_\_\_\_\_ 4th Entry Fee \$ \_\_\_\_\_ 5th Entry Fee \$ \_\_\_\_\_ 6th Entry Fee \$ \_\_\_\_\_ 7th Entry Fee \$ \_\_\_\_\_

CLUB OFFICERS			
Club Officer	Name and Complete Mailing Address	Daytime Phone #	Evening Phone #
President			
Vice President			
Secretary			
Treasurer			
Event Role	Name and Complete Mailing Address	Daytime Phone #	Evening Phone #
Event Secretary	Provide address where entries should be sent.  Email:		
Event Chairman (Must be a Club Member)	Email:		

If a club website is used, give address: \_\_\_\_\_

**Section 6. Club officer authorization to apply to hold this event.**

By submitting an application for and receiving approval to hold an event under the rules of the American Kennel Club, the club accepts and agrees to the AKC Board Policy on Photographing & Videotaping at AKC Events ([www.akc.org/rules/policy-manual/](http://www.akc.org/rules/policy-manual/)).

\_\_\_\_\_  
Club Officer Signature

\_\_\_\_\_  
Club Officer Title

\_\_\_\_\_  
Date

Name of Club: \_\_\_\_\_ Event Date: \_\_\_\_\_

**Section 7. JUDGE PANEL** List All Classes Offered, Judge's Name, Judge's Number, City, State. For any further division of classes (splitting Regular and Preferred, splitting A and B, dividing classes into jump heights, etc.) please contact your AKC Event Operations representative directly or email [EventPlans@akc.org](mailto:EventPlans@akc.org).

<b>STANDARD</b> (Regular & Preferred)		<b>JUMPERS WITH WEAVES</b> (Regular & Preferred)	
<b>CLASS</b>	Judge's Name and Judge's Number City, State	<b>CLASS</b>	Judge's Name and Judge's Number City, State
<b>NOVICE A &amp; B</b> (Regular) <b>NOVICE</b> (Preferred)		<b>NOVICE A &amp; B</b> (Regular) <b>NOVICE</b> (Preferred)	
<b>OPEN</b> (Regular & Preferred)		<b>OPEN</b> (Regular & Preferred)	
<b>EXCELLENT &amp; MASTER</b> (Regular & Preferred)		<b>EXCELLENT &amp; MASTER</b> (Regular & Preferred)	
<b>PREMIER</b> (Regular & Preferred)		<b>PREMIER</b> (Regular & Preferred)	

#### CLUBS MAY OFFER THE FOLLOWING OPTIONAL CLASSES

**NOTE:** If not offering the **FAST**, **Time 2 Beat**, and/or **ISC** classes, please mark the application as "**Not Offered**" so that AKC knows it is not being offered.

<b>FIFTEEN AND SEND TIME (FAST) CLASS</b> (Titling Class)		<b>TIME 2 BEAT CLASS (T2B)</b> (Titling Class)	
<b>FAST CLASSES</b>	Judge's Name and Judge's Number City, State	<b>CLASS</b>	Judge's Name and Judge's Number City, State
<b>NOVICE A &amp; B</b> (Regular) <b>NOVICE</b> (Preferred)		<b>TIME 2 BEAT</b> (Regular & Preferred)	
<b>OPEN</b> (Regular & Preferred)		<b>INTERNATIONAL SWEEPSTAKES CLASS (ISC)</b> (Non-Regular Class)	
<b>EXCELLENT &amp; MASTER</b> (Regular & Preferred)		<b>ISC STANDARD</b>	
		<b>ISC JUMPERS WITH WEAVES</b>	

## Section 8. Judge Panel Submission

Submitted for AKC approval by (Please Print)

Club Position \*

Date

\* If not Event Chairman, please indicate Event Chairman's name, address, telephone number, and email address below.

Trial Chairman's Name

Address

Telephone / Email Address