



AKC Scent Work Event Application

This 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 or Junior Showcase for the club to be in compliance with Chapter 3, Section 2 of the *Regulations for AKC Scent Work*. Applications for a Sanctioned Match must be received by the American Kennel Club at least **four weeks prior** to the closing date of the Match. Please complete all three pages of the application. Please remember it is the responsibility of the club to provide a non-entered, qualified Demo Dog (s) for these events.

A separate application is required for each Trial, Showcase, or Match. Money penalties may be imposed or applications may be rejected for noncompliance. This event application and judges panel may be submitted using the AKC Online System at www.akc.org or send completed applications with appropriate fee to: **American Kennel Club, Event Operations, PO Box 900051, Raleigh, NC 27675-9051.**

SECTION 1. CLUB INFORMATION

Check here if this is a date change

EVENT DATE

EVENT NUMBER (IF KNOWN)	NAME OF CLUB	
NAME OF THE SEARCH LOCATION		
EXACT ADDRESS OF THE SEARCH LOCATION		

SECTION 2. TYPE OF EVENT *(choose one)*

- AKC Licensed or Member Club Event:** \$35 application fee for each event. Dogs qualifying at licensed and member club events receive credit toward titles.
- AKC Junior Showcase Event:** No application fee required. Open only to dogs handled by persons age 18 or younger on the date of event. Dogs qualifying at Junior Showcase events receive credit toward titles. Recording fees are required.
- AKC Sanctioned B Match:** \$10 application fee for each match. Dogs qualifying at sanctioned matches receive no credit toward titles. Recording fees are not required.

Use a separate application for each event. No refund of fees for cancelled events once application is processed.

SECTION 3. PAYMENT INFORMATION

Payment will be by check (enclosed).

Payable to: AKC Event Plans Department
PO Box 900051
Raleigh, NC 27675-9051

Payment Amount:
 \$ _____

Payment will be by credit card:

NAME ON CARD _____

ADDRESS _____

CITY, STATE & ZIP _____

EMAIL (REQUIRED) _____

PHONE # (REQUIRED) _____

Payment Method:

Visa	Mastercard	Discover	AMEX
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number			Expiration Date

SECTION 4. AUTHORIZATION TO APPLY TO HOLD THIS EVENT

<i>CLUB OFFICER SIGNATURE</i>	<i>CLUB OFFICER TITLE</i>	<i>DATE</i>
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Name of Club: _____

Event Date: _____

SECTION 5. EVENT SECRETARY AND EVENT CHAIR

All information is REQUIRED.

Event Role	Name and Complete Mailing Address	Daytime Phone #	Evening Phone #
Event Secretary	Provide address where entries should be sent. Email: _____		
Event Chair (must be a club member)	Email: _____		

SECTION 6. 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 Alaskan Central Hawaiian 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 7. 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? NO YES Breed or Group: _____

Do any breeds need to be excluded because of conflicts? YES NO If so, which?: _____

Event will be held: INDOORS OUTDOORS (Under cover? YES NO) BOTH

SECTION 8. ENTRY FEES PER DOG

1st Entry Fee \$ _____ Additional Entries \$ _____

Name of Club: _____

Event Date: _____

SECTION 9. JUDGE PANEL

Clubs may offer any combination of classes. If class is not being offered, please mark "NOT OFFERED." Class offerings and judge assignments may be modified any time until the publication of the Premium List. For any questions please contact your AKC Companion Operations representative directly or email EventPlans@akc.org.

Container Element		Exterior Element	
	Judge's Name, Judge's Number City, State		Judge's Name, Judge's Number City, State
Novice		Novice	
Advanced		Advanced	
Excellent		Excellent	
Master		Master	
Interior Element		Buried Element	
	Judge's Name, Judge's Number City, State		Judge's Name, Judge's Number City, State
Novice		Novice	
Advanced		Advanced	
Excellent		Excellent	
Master		Master	
The Detective Class		Handler Discrimination	
	Judge's Name, Judge's Number City, State		Judge's Name, Judge's Number City, State
Detective		Novice	
		Advanced	
		Excellent	
		Master	

SECTION 10. 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 Chair's Name _____

Address _____

Telephone _____

Email _____