



**AMERICAN  
KENNEL CLUB®**

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

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

**(Please type or print clearly)**

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

- |  |             |  |
|--|-------------|--|
| <input type="checkbox"/> <b>Independent Match</b>                      | Date: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> <b>Canine Experience</b>                      | Date: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> <b>Canine Good Citizen Test</b>               | Date: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> <b>Public Education Program</b>               | Date: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> <b>AKC CLASSIFIED ADVERTISING PROGRAM</b>     | Date: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> <b>Other Outreach Programs</b>                | Date: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> <b>National or Regional Judges Education.</b> | DATE: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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? \_\_\_\_\_

**Additional Activities:** Please check at least **two** of the following activities, if held within 10 miles of the clubs territory. **Note:** **Four** are required if both shows are held outside your club's territory.

- CONFORMATION AND/OR OBEDIENCE OR AGILITY TRAINING CLASSES:**  YES  NO
  - *Please specify type and dates held. DATE: \_\_\_\_\_*
  
- 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.*
  
- REGISTERED HANDLER SEMINARS OR WORKSHOP:** DATE: \_\_\_\_\_  YES  NO
  
- NEW EXHIBITOR BRIEFING:** DATE: \_\_\_\_\_  YES  NO



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- USE OF PROVISIONAL JUDGES: DATE:** \_\_\_\_\_  **Yes**  **No**  
(SPECIALTIES USE ONE JUDGE) (Judges licensed for no more than **one** group)  
• *Please specify judges and show.*

**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 900051  
RALEIGH, NC 27675-9051  
Phone: (919) 816-3579  
Fax: (919) 816-4220  
www.AKC.org**