



Trial Application (Print Clearly)

Trial Number: _____

CLUB INFORMATION

Club Name: _____
 Club Address: _____
 City: _____ Province: _____
 Postal Code: _____ Professional Member # _____

TRIAL LOCATION

Date of Trial: _____ Trial Location _____
 Address: _____
 Chair-Person: _____ Telephone: _____
 Secretary: _____ Telephone: _____
 E-Mail: _____
 Web Site _____

Maximum of **12 events** per trial

Please INDICATE what team Levels are Offered: NT-AT-ET-VT-VE

Each Team Event is considered a separate event and part of the 12 events maximum per trial. C class does not have to be indicated on the form..

TRIAL INFORMATION

Judge 1 Name: _____ CARO# _____
 Judge 2 Name: _____ CARO# _____
 Judge 3 Name: _____ CARO# _____
 Judge 4 Name: _____ CARO# _____

GST/HST# 830379491RT0001

Level	Novice	Advanced	Excellent	Versatility	Team	Judge	Date yyyy/mm/dd
Event 1							
Event 2							
Event 3							
Event 4							
Event 5							
Event 6							
Event 7							
Event 8							
Event 9							
Event 10							
Event 11							
Event 12							

Please return this completed form at least 60 days prior to the intended trial date, along with a cheque or money order for **\$40.00 cdn** (PLUS GST/HST) payable to CARO, c/o Brian Smith, 492583, Southgate 49 Sideroad RR# 2 Holstein ON N0G 2A0, E-mail: carotrialap@gmail.com

GST/HST TAX RATE BY PROVINCE	
5%	Alberta Manitoba North West Territories Nunavet Prince Edward Island Quebec Saskatchewan Yukon
12%	British Columbia
13%	New Brunswick Newfoundland & Labrador Ontario
15%	Nova Scotia