



Trial Application (Print Clearly)

Trial Number: _____

Club Information

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

Trial Information

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

Maximum of **16 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 16 events maximum per trial. C class does not have to be indicated on the form..

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

GST/HST# 830379491RT0001

Level	Nov	Adv	Exc	Ver	VX	Work	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									
Event 13									
Event 14									
Event 15									
Event 16									

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.