OFFICE US	E ONLY (paymo	ent + application to TDAA)
Check #	Date:	Amount:
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TDAA Judges Clinic TEAMWORKS DOG TRAINING— Youngsville, North Carolina Dates: December 17 and 18, 2015 (Clinic) and December 19 and 20, 2015 (Trial)

FEES

\$250 – New Judge's Clinic – we will cover in depth the rules for standard agility and games in the TDAA; course design; practical judging; and trial administration. Price includes exam fee for judging candidates and lunch for four days.

\$175 – TDAA Judge's Continuing Education – for current TDAA judges who need re-certification or are interested in continuing education. Price includes exam fee and lunch for four days.

\$75 – Auditors – for auditors such as TDAA members, representatives of TDAA clubs or TDAA exhibitors interested in more information about the venue. No exam is required and no exam fee is included. No meals included. Auditors do not need to attend judges' training Saturday and Sunday.

LOCATION

Thursday and Friday – Judge's clinic at **8411 Garvey Drive**, **Suite 125**, **Raleigh**, **NC 27616** Saturday and Sunday – TDAA trial at **195 Robbins Rd**, **Youngsville**, **NC 27596**

PAYMENT

Full payment is required to reserve a space in the clinic. Applications will be accepted beginning **November 1, 2015** and must be submitted no later than **December 1, 2015**.

Partial refunds may be available if you cancel before **December 1, 2015**. If your clinic slot can be filled TDAA will process a 50% refund. Additional participants may be accepted after the closing date on a space-available basis.

Full payment must accompany application: **payable to TDAA**, (and mailed Teamworks Dog Training at 195 Robbins Rd, Youngsville, NC 27596). If you have questions please contact Marsha Houston at 740-749-3597 or houston.marsha@gmail.com. For questions regarding accommodations or clinic times, meals, etc., please contact Michele Godlevski at michelegodlevski@gmail.com.

PERSONAL INF	ORMATION
Name:	
E-mail address:	city/state/zip cell phone: in various agility venues col(s) with which you are affiliated: an agility judge for another dog agility organization or venue: tions for whom you judge:
Address:	city/state/zip
Phone:	cell phone:
Highest titles achieved	in various agility venues
Club(s) or training scho	ool(s) with which you are affiliated:
Check here if you are a	n agility judge for another dog agility organization or venue:
Specify other organization	tions for whom you judge:
PERSONAL STA	
Please use this space to	describe why you would like to become a TDAA judge.
What qualities do you	have that will enable you to be a good judge.
SUPPLIES:	
software for submission of transmitted electronically. in a 30-day free trial version will submit to the clinic process of the submit to the first day of the 3) TDAA Rules Book – a from the TDAA website we clinic and bring a copy of 4) Measuring Wheel – juchoose to buy one of their	copy of the TDAA rules current at the time of the clinic can be downloaded and printed rww.k9tdaa.com. All participants should review a rulebook prior to the first day of the the rulebook. dge candidates can generally borrow a measuring wheel for use during the clinic, but may own. Optional – you may bring a laptop personal computer; or, at a minimum, bring course
"Through submission of the event of non-approval therefunds for the clinic after "Additionally, I agree that discretion deem to be sufficient	OWLEDGMENT AND GENERAL AGREEMENT: his application, I understand that TDAA has no obligation to approve me as a judge. In the re shall be no refunds of fees paid for the clinic or examination. Further, there shall be no the closing date specified earlier. the TDAA has the right to reject this application for any cause that they shall in their sole icient. I agree to hold the TDAA judge's clinic organizers and Teacup Dogs Agility any claim for loss or injury which may be alleged to have been caused directly or thing while in the clinic and upon the premises or near any entrance thereto. I hereby

assume full responsibility and liability related thereto for any and all losses resulting from my actions and the actions of others that may be affected by my actions. I understand upon enrollment in this clinic that there shall be no refunds of fees paid for this clinic for any reason after the closing date for the clinic in which I'm enrolled."

SIGNATURE: _____ DATE: _____