



AMERICAN KENNEL CLUB

Name of Club _____ Club # _____

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

(Please type or print clearly)

A. Please check at least one of the following activities and include all relevant information.

Note: Two are required within 10 miles of territory, if both shows are outside your club's territory.

- Independent Match, Educational Match, Canine Good Citizen Test, Public Education Program, Other Outreach Programs, National or Regional Spec., AKC CLASSIFIED ADVERTISING PROGRAM

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?

B. Please check at least two of the following activities.

Note: Four are required within 10 miles of your club's territory if both shows are outside your club's territory.

- CONFORMATION AND/OR OBEDIENCE TRAINING CLASSES: DATE: YES NO
BREEDER REFERRAL SERVICE: YES NO
PURE BRED DOG RESCUE: YES NO
TWO EDUCATIONAL PROGRAMS HELD AT CLUB MEETINGS: DATE: YES NO
DOG SHOWS TOURS: DATE: YES NO
MINIMUM OF FOUR PROVISIONAL JUDGES ON ONE PANEL: DATE: YES NO



**AMERICAN
KENNEL CLUB™**

REGISTERED HANDLER SEMINARS OR WORKSHOP: DATE: _____ YES NO

NEW EXHIBITOR BRIEFING: DATE: _____ YES NO

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**