



Certificate of Conformation Assessment Program  
**CCA Event Host Club Application**

THE GOLDEN RETRIEVER CLUB  
OF AMERICA INC.

Submit to the GRCA CCA Committee at least 60 days prior to the proposed event date. Send to: Robin Bowen, 3001 SE College RD PMB 41, Ocala, FL 34474-4415

WE THE, \_\_\_\_\_ (Club) apply for permission to hold a  
CCA Event on \_\_\_\_\_ (date) starting at \_\_\_\_\_ (time)

The location for the CCA Event will be \_\_\_\_\_.

Entry Fee \$ \_\_\_\_\_ \*\*Limited Entry of \_\_\_\_\_ Alternates \_\_\_\_\_ Closing Date \_\_\_\_\_

\*\*Other Limits (explain): \_\_\_\_\_

Entries accepted by: ☐ Random Draw ☐ First Received \*Opening Date \_\_\_\_\_  
(\*Opening date is optional and if listed then NO entries may be accepted before this date.)

What is the earliest date this event may be posted to the GRCA Website: \_\_\_\_\_

**EVALUATORS FOR THE CCA EVENT SHALL BE:**

1. \_\_\_\_\_

☐ Category 1 ☐ Category 2 ☐ On CCA Evaluator List ☐ New Application or Changes ATTACHED

2. \_\_\_\_\_

☐ Category 1 ☐ Category 2 ☐ On CCA Evaluator List ☐ New Application or Changes ATTACHED

3. \_\_\_\_\_

☐ Category 1 ☐ Category 2 ☐ On CCA Evaluator List ☐ New Application or Changes ATTACHED

**CCA HOST CLUB EVENT COMMITTEE MEMBERS (2 of whom shall be GRCA members)**

CCA Event Chairman: \_\_\_\_\_ ☐ GRCA Member

CCA Event Secretary: \_\_\_\_\_ ☐ GRCA Member

CCA Event Committee Member: \_\_\_\_\_ ☐ GRCA Member

**CCA Package will be sent to Host Club's Event Secretary**

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*I have read and understand the latest revision of the GRCA CCA Program Rules and Regulations and I shall endeavor to have them adhered to.*

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Title of Host Club CCA Event Committee Member \_\_\_\_\_

CCA USE ONLY Date Received \_\_\_\_\_