COLLIE CLUB OF AMERICA
HERDING INSTINCT TEST
SANCTION FORM

SPONSOR (Club or Individual): _________________________________________
   Address: ___________________________________________________________
   Phone: _____________________________________________________________

DATE(S) OF TEST: _____________________________________________________
LOCATION: ___________________________________________________________
TESTER: _____________________________________________________________
   Address: ___________________________________________________________
   Phone: _____________________________________________________________

TOTAL NUMBER OF EACH TYPE OF STOCK PRESENT:
   Ducks _____    Sheep _____    Goats _____    Cattle _____

NUMBER OF HEAD PER GROUP: _______

DESCRIPTION OF AREA(S):
   Dimensions: _________________________________________________________
   Fencing: _____________________________________________________________
   Terrain: _____________________________________________________________
   Other: _____________________________________________________________

ENTRY LIMIT PER DAY: _______
ALL-BREED: _______
LIMITED TO: ____________________________ (Indicate breed(s))

If applicable, other event(s) being held on the same day:
   Clinic _____   Introduction to Herding _____   Test _____   Trial _____
Sanctioned by _______________________________________________________
   Entry Limit _______

As the sponsor of a Collie Club of America sanctioned event, I/we agree to hold the CCA, its officers, directors and members harmless and blameless, and to defend them from any loss, claim, suit or damage which may occur at, or as a result of this event. I/we agree to indemnify the CCA, its officers, directors and members from any loss, damage, claim or expense, including attorneys fees and costs, which may in any way arise or result from this event. I/we have read the rules and guidelines for Herding Instinct Tests contained in the Collie Club of America Collie Herding Program and agree to abide by said rules and guidelines. I/we agree that although I/we will abide by said rules and guidelines, control over the conduct of the event and those present is solely mine/ours and not that of the CCA.

Dated: ___________________ ________________________________
   (Test Secretary/Sponsoring Individual)

Send completed form to the Chairman of the CCA Working Collie Committee.