



**AMERICAN
KENNEL CLUB®**

Name of Club _____ Club # _____

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

(Please type or print clearly)

Major Activities: Please check at least **one** of the following activities and include all relevant information if one show held within 10 miles of the clubs territory. **Note:** **Two** are required, if both shows are held outside your club's territory.

- Independent Match** **Date:** _____ **YES** **NO**
- Canine Experience** **Date:** _____ **YES** **NO**
- Canine Good Citizen Test** **Date:** _____ **YES** **NO**
- Public Education Program** **Date:** _____ **YES** **NO**
- AKC Classified Advertising Program** **Date:** _____ **YES** **NO**
- Performance Events** **Date:** _____ **YES** **NO**
- National or Regional Judges Education** **Date:** _____ **YES** **NO**
- New Exhibitor Mentoring Program** **Date:** _____ **YES** **NO**
- Other Outreach Programs** **Date:** _____ **YES** **NO**

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? _____

Additional Activities: Please check at least **two** of the following activities, if held within 10 miles of the clubs territory. **Note:** **Four** are required if both shows are held outside your club's territory.

- CONFORMATION AND/OR OBEDIENCE OR AGILITY TRAINING CLASSES:** **YES** **NO**
 - *Please specify type and dates held. DATE:* _____
- BREEDER REFERRAL SERVICE:** **YES** **NO**
 - *Please specify type*
- TWO EDUCATIONAL PROGRAMS HELD AT CLUB MEETINGS:** **DATE:** _____ **YES** **NO**
 - *Please specify topics and dates held*
- DOG SHOWS TOURS:** **DATE:** _____ **YES** **NO**
 - *Please specify types and dates.*
- REGISTERED HANDLER SEMINARS OR WORKSHOP:** **DATE:** _____ **YES** **NO**
- NEW EXHIBITOR BRIEFING:** **DATE:** _____ **YES** **NO**
- USE OF PROVISIONAL JUDGES:** **DATE:** _____ **YES** **NO**



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(SPECIALTIES USE ONE JUDGE) (Judges licensed for no more than **one** group)

- *Please specify judges and show.*

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

This is a list of key words to use when searching on our website for this document.

Eligibility Requirements
Dog Show Eligibility
Dog Show Compliance
Show Eligibility
Show Compliance
Show Compliance Form
Show Club Eligibility