



AWTA Den Trial Request Form

Trial Date: _____ Trial Location: _____

Sponsoring Club or Organization: _____

Chairman: _____
(Must be a current AWTA member)

Address: _____

Phone: _____

Email: _____

If this is a new trial, describe the Chairman's previous experience with AWTA trials:

If this a repeat trial, list most recent previous dates and trial Chairmen:

Choice of AWTA Judge: First Choice: _____

Second Choice: _____

Apprentice Judge (If desired): _____

**Send Form, Insurance Certificate and
\$60 Deposit to:
Melissa Rega
1407 Elklick RD
Sadieville, KY 40370
mrega1@yahoo.com**

Send electronic copy of form to:
Doreen Spires
2492 Range View Ct
Reno, NV 89519
Email: spires@sbcglobal.net