



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:

Karen Miller
2625 Sanders Road
Davenport, FL 33837