# 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:

_____

_____

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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): _____

Travel expense reimbursement request for Judge in the amount of: _____

(The most reasonable means of transportation should be used. The maximum amount of reimbursement for travel is $300.00 per trial. This benefit will be reviewed at the beginning of each year and may not always be available. Please check with the trial secretary for availability.)

**Send Form, Insurance Certificate and $60 Deposit to:**

Kimberly McCormick, 68 Laurel Hill Road, Brooklyn, CT 06234