



# CLUB OR GROUP MEMBERSHIP APPLICATION FORM

Dogs On Course in North America, LLC

P.O Box 83238

Phoenix, AZ, 85071-3238

<http://www.docna.com>

**Please complete the Club Membership Application and submit it via email to [info@docna.com](mailto:info@docna.com) and submit a signed hard copy with the supporting information to DOCNA at the address at the top.**

Completed the required form application and included the following with the application.

Club/Group statement of purpose and/or corporate bylaws

Provide proof of liability insurance

**Attach a list of the club or group members that are willing to assist with the trial (and their experiences with holding trials)**

Submit complete list of equipment used by the club/group, including but not limited to, the length of the dog walk, slat or non-slat contacts, contact zone lengths, diameter of tire, length of chute fabric, type of double and triple jumps (what organization are they used in).

Acknowledge the requirement that all clubs/groups must use the trial software called Agility Unscrambled at DOCNA trials. More information on this trial software can be found at <http://www.agilityunscrambled.com>

Host clubs or groups that have successfully run a sanctioned agility trial from another agility venue will be approved for 2009, and trials applied for in 2010 will be approved on an individual case by case basis.

**Club or Group Name:**

Address:

City, State or Province, ZipCode:

Contact Telephone Number:

Fax:

Club or Group contact email address:

Website:

**The following information is required for DOCNA records.**

Club or Group Contact persons will be required to have a working email and inform Dogs On Course in North America, LLC of any changes of address or email. In addition, the contact person will be required to be a DOCNA registered member and join the DOCNAClubs yahoo list and keep their info up to date.

**Club or Group Contact Person:**

Address:

City, State or Province, Zip Code:

Telephone Number:

Fax:

Email address:

**Club President or Owner of Group:**

Address:

City, State or Province, Zip/Code:

Phone Number: Fax:

E- Mail:

**Club Vice President or Co-Owner or Partner of Group:**

Address:

City, State or Province, Zip/Code:

Phone Number: Fax:

E- Mail:

**Club Treasurer or Business /Financial Manager of Group:**

Address:

City, State or Province, Zip/Code:

Phone Number: Fax:

E- Mail:

**Name of  
INSURANCE COMPANY:**

Street Address:

City, State/province, Zip/Postal Code:

Phone Number:

Fax:

Policy#:

Policy Expiration Date:

**PLEASE ATTACH A COPY OF PROOF OF INSURANCE**



**Trial Software Requirements**

**Special NOTE** - Dogs On Course in North America, LLC requires all Trial club/groups to use only the Agility Unscrambled software for trials. ***\*No other software will be accepted.***

This software has all the features needed by the trial secretary and will allow DOCNA to receive trial results in a format that can be downloaded into the results database so that competitors can access their results online; necessary for minimal waiting to view how many Q's you have or what is needed to finish an Award level.

The Agility Unscrambled software is available at <http://www.agilityunscrambled.com/>. It is very intuitive and easy to use and completely manages your trial from start to finish.

Acknowledge the requirement (check box) that all clubs/groups must use the trial software called Agility Unscrambled for DOCNA. More information on this trial software can be found at <http://www.agilityunscrambled.com/>

By signing this application, I/we agree that one of the purposes of this trial club or group is to support Dogs On Course in North America, LLC in presenting a multi-division agility venue that everyone can participate in from Competition, Select, Veteran, Grand Veteran and Junior Handler. In offering this agility venue, you recognize the competitor as a voice in any change to rules or achievement opportunities. In addition to provide a venue that purebred and mixed breed alike, can participate in, and at all times the highest level of attention will be given to the humane treatment of our canine competitors.

Club President /Group: \_\_\_\_\_

Date: \_\_\_\_\_

Club/Group  
Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_