



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): _____

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:
Sydney Bates, 1810 Clinton Rd, West Norriton PA 19403