



**CBC EVENT APPLICATION
Northeastern Trailing Trials
Including Preliminary Financials**

Date of Application: _____

Name of Applicant: _____

Proposed Chairperson: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Telephone: _____ **Cell Phone:** _____

Email address: _____

Name of Event: _____

Event Location: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Event Dates: _____

Entry Date: _____ **Closing Date:** _____

Event Secretary (if applicable): _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Colonial

BLOODHOUND CLUB

EST. 1987



Trailing Trial Committee:

The following members have agreed to serve as on the Trailing Trial Committee:

Printed Name	* Signature/email	Telephone #	Email Address
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

* Email on file will suffice for signature

Colonial

BLOODHOUND CLUB

EST. 1987



Preliminary Trailing Trials Financials

			Income	Expenses
# Trails Offered	Type of Trail	Entry Fee		
	EECT - Event Entry Certification			
	MT - ManTrailer			
	MTI - ManTrailer Intermediate			
	MTX - ManTrailer Excellent			
Judge Expense	Lodging			
	Meals			
	Gifts			
	Miscellaneous			
Trophy/Ribbons				
Hospitality				
Banquet	Lunch			
	Dinner			
Other	Raffle			
	Auction			
	Miscellaneous			
	Donations			
Total				

Created: March 23, 2015