



Event Web Listing Form

Name of host club: _____

Type of event: Trial Working Seminar
 Other _____

Indoor Outdoor

Judge if Known: _____

Surface: _____

Date(s): _____

Location of event: _____

Person to contact for additional information: _____

Contact person's email: _____

Additional information about event:

Name of person completing this form: _____

(signature)

(date)

Complete this form and return it to **TDAA, P.O. Box 158, Maroa, IL 61756**