



*the* **VIZSLA CLUB** *of* **AMERICA**

# Parent Club Field Trial Approval Form

Name of Club (No Abbreviations): \_\_\_\_\_

Type of Event is: \_\_\_\_\_

Dates of Event is/are: \_\_\_\_\_

Is New Event?: \_\_\_\_\_

Location of Event is: \_\_\_\_\_

Requested by: \_\_\_\_\_

Title of Requestor: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

Phone Number of Requestor: \_\_\_\_\_

Email Address of Requestor: \_\_\_\_\_

Date this Request was Submitted: \_\_\_\_\_

Approved by: \_\_\_\_\_

Approved on: \_\_\_\_\_

Please complete form and email to [vca.fac@gmail.com](mailto:vca.fac@gmail.com)