

CGC Test Pack Order Form

| Name of Club/Organisation / Evaluator: | | |
|--|------------------|----------|
| Date order placed: | | |
| Org. No: [KUSA Affiliated Clubs only] | | |
| Contact Name: | | |
| Telephone No: Cell No: | | |
| Fax No: Email Address: | | |
| Postal Address: | | |
| Date CGC test being held: | | |
| Name of proposed CGC Evaluator: [All evaluators must be cleared first through the KUSA office & must Judging Contract J1] | | |
| Venue where CGC Test will be held: | | |
| Postage will be charged if the test kit packs are not collected from the KUSA Method of Postage: Parcel Post Speed Services Post Order Quantity: | office in Cape T | own. |
| TYPE OF CERTIFICATE | LEVEL | QUANTITY |
| | BRONZE | REQUIRED |
| CANINE GOOD CITIZEN PACKS (PER SET) | | |
| Refer to Fee Schedule for price per set | SILVER | |
| https://www.kusa.co.za/images/Gallery/Subscription%20and%20Fees%20- %20Effective%2001%20September%202019.pdf | GOLD | |

P.S. A copy of the completed & signed test sheets must be lodged with KUSA after the event for record purposes.

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