



LCA Water Event Test Application

Regional Club Name:				
Requested Test Date:				
Name of Proposed Site: <i>(Attach a description of the site and a site map if used less than 3 times)</i>				
Address of Proposed Site:				
Divisions Offered:	WRDX	WRD	WD	Entry Limits <i>(if applicable)</i>

Test Committee

Test Chair:	Event Secretary:
Address:	Address:
Phone	Phone:
Email	Email:

Event 3rd Member:	Chief Steward:
Address:	Address:
Phone	Phone
Email	Email

Safety Officer:	
Address:	
Phone	
Email	

Judges

Judge #1	Judge #2
Address:	Address:
Phone	Phone:
Email	Email:
Divisions Judging:	Divisions Judging:
WRDX WRD WD	WRDX WRD WD

Judge #3 <i>(if applicable)</i>	Observer Judge:
Address:	Address:
Phone	Phone:
Email	Email:
Divisions Judging:	Divisions Judging:
WRDX WRD WD	WRDX WRD WD

We, the above, will abide by all LCA Water Test Regulations and guarantee that all the necessary equipment, stewards and other necessary provisions will be available on the day of the test. Additionally, the regional club of _____ confirms that the Board of Directors is aware and approves of this event.

Signatures:

Test Chair:	
Test Secretary:	
3rd Member:	
Board Member:	