

# !!! IMPORTANT NOTICE !!!

Send Application to:

Peggy Granger  
W4540 County RD A  
Elkhorn, WI 53121  
(262) 742-3695  
[stormbmd@gmail.com](mailto:stormbmd@gmail.com)

Send Test Results and Premium List to:

Jennifer Brightbill  
BMDCA Draft Chair  
15860 S Lucky Lane  
Oregon City, OR 97045  
503-358-1071  
[jbrightbill@mac.com](mailto:jbrightbill@mac.com)

OR your test results may be assigned to be sent to:

Wendy Boehme  
3201 Baker Lane  
Franklin TN37064  
615-595-7888  
[boehme\\_w@comcast.net](mailto:boehme_w@comcast.net)

Refer questions on Completing Application, Approval Status, Forms, and Judges' Worksheets to Granger. Refer all else to Brightbill.



# Bernese Mountain Dog Club of America Draft Test Application

Test Sponsor: \_\_\_\_\_

Proposed Test Date: \_\_\_\_\_ Closing Date(10 day min.) \_\_\_\_\_ Closing Time: \_\_\_\_\_

Draft Test Site: \_\_\_\_\_

Address: \_\_\_\_\_

This is an: **All Eligible Dogs Test**  **All-Breed Test**  **BMD's Only Test**  (check one)

Test Committee welcomes an Apprentice should an Apprentice seek assignment: Y / N

Test Limit \_\_\_\_\_ Classes Offered: Novice  Open  Novice Brace  Open Brace

**Include a Copy of the Club's Current Liability Insurance Policy**

Draft Test Chair (BMDCA member): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

Draft Test Secretary (BMDCA member): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

Draft Test Committee Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Judges (at least one must be a BMDCA Approved Draft Judge, other may be Provisional)

1. Approved Judge: \_\_\_\_\_  
Address \_\_\_\_\_ State: \_\_\_\_\_

2. Approved or Provisional Judge: \_\_\_\_\_  
Address \_\_\_\_\_ State: \_\_\_\_\_

We agree to abide by all BMDCA Draft Test Regulations and understand that this Application constitutes a binding contract with the BMDCA. This Test may be cancelled only in the event of a natural disaster and with the written or electronic authorization from the Draft Work Committee Chairperson.

Signature, Draft Test Chairperson: \_\_\_\_\_

Signature, Draft Test Secretary: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**This application must:**

- 1) **Include a \$20 administrative fee payable to the BMDCA**
- 2) **Reach the following AT LEAST six (6) months prior to the Draft**  
**Test : Peggy Granger**  
**W4540 County RD A**  
**Elkhorn, WI 53121**  
**(262) 742-3695 / stormbmd@gmail.com**
- 3) **Include a description of the Test Site and Freight Haul Course**