

## UKC PRECISION COURSING LURE OPERATOR APPLICATION

Send to: UKC - All-Breed Sports | 100 E Kilgore Rd, Kalamazoo MI 49002-5584 | Fax: 269.349.5590 Email: judges@ukcdogs.com

	Full Name (Please	Print or Type)	
Si	treet Address, City	, State and Zip	
Phone Number		Cell Phone Nu	mber
Fax Number		Email	
REQUIRED QUALIFICATIONS All applicants must: A. Be 21 years of age or over, B. Have full mobility to move around the area where the c. C. Be familiar with UKC rules and procedures applicable	event is being		
All applicants must not have been convicted of animal crubeing familiar with the specific rules for the licensed ever agree to abide by the Rules and Regulations of the United	nt in which the	e applicant is seeking, the applicant m	
I understand that all licenses to operate lures at UKC events shall be issued at the sole discretion of the United Kennel Club. A license may be suspended or revoked by UKC at any time at the sole discretion of UKC, with or without cause. Checklist of items to be included when this application is returned to UKC:  By my signature, I indicate that I have submitted accurate applying. The information I have submitted is factual and I the UKC Rules and Regulations and by the UKC Judges' Control of the UKC Rules and Regulations and by the UKC Judges' Control of the UKC Rules and Regulations and by the UKC Judges' Control of the UKC Rules and Regulations and by the UKC Judges' Control of the UKC Rules and Regulations and by the UKC Judges' Control of the UKC Rules and Regulations and the UKC Judges' Control of the UKC Judges' Control of the UKC Rules and Regulations and by the UKC Judges' Control of the UKC Rules and Regulations and the UKC Judges' Control of the UKC Rules and Regulations and States and Rules and Rul	Resum Dogs ow and Regi Lure op informati	ation Fee (\$20 non-refundable application for the Control of Contr	Coursing Requirements document) nent (provide Registration numbers ssued by UKC) on-licensed events with contact y other registries.) s for the license for which I am
Signature of Applicant (required)			
Payment information (\$20 non-refundable application for the paying by check, please make check payable to Unit Credit Card (major credit cards accepted)			
Credit Card Number			Exp. Date
Cardholder's printed name			
Cardholder's address		City, State, Zip	
Phone Number	Email Address		
For UKC use only:  Date Received Date Processed  Credit Card Approval Code/ Transaction ID #			
Notos			