

ATCA Versatility Award Application (Version 4)

Primary Owner
Name _____ Email _____

Address _____ Phone _____

Dog's Registered
Name _____

1. Please indicate which award you are applying for.

Versatility Award (3 titles in different event categories) _____

Bronze Versatility Award (4 titles in at least 3 categories) _____

Silver Versatility Award (5 titles in at least 4 categories) _____

Gold Versatility Award (6 titles in at least 4 categories) _____

Platinum Versatility Award (7 titles in at least 5 categories) _____

2. Please check the titles that your dog has earned to qualify for this award. If your dog has earned a title that is not listed, include it in the "other" section.

| | | |
|----------------------------------|---------------------------|-----------------------------|
| <i>AGILITY</i> | <i>DOCK DIVING</i> | <i>RALLY</i> |
| ___ Beginner Novice | ___ DN, AN | ___ RN |
| ___ NA, NAJ, NAP, NJP, NF, NFP | ___ DJ, AJ | ___ RA |
| ___ OA, OAJ, OAP, OJP, OF, OFP | ___ DS, AS | ___ RE |
| ___ AX, AXJ, AXP, AJP, AF, AFP | ___ DM, AM | ___ RAE |
| ___ MX, MXJ, MXP, MJP, MXF, MFP | ___ DE, AE | <i>SCENT WORK</i> |
| ___ MACH, PAX, TQX, TQXP | <i>FARM DOG</i> | ___ Novice |
| <i>BARN HUNT</i> | ___ FDC | ___ Advanced |
| ___ RATN | <i>FAST CAT</i> | ___ Excellent |
| ___ RATO | BCAT | ___ Master |
| ___ RATS | DCAT | <i>SEARCH/RESCUE</i> |
| ___ RATM | FCAT | ___ SAR |
| ___ RATCh | <i>FIELD</i> | <i>TRACKING</i> |
| ___ RATChX | ___ Junior Hunter | ___ TD |
| <i>BREED CONFORMATION</i> | ___ Senior Hunter | ___ TDX |
| ___ CH | ___ Master Hunter | ___ TDU |
| ___ GCH | ___ Fur Junior ATCA | ___ VST |
| ___ GCH Bronze | ___ Fur Senior ATCA | <i>TRICK DOG</i> |
| ___ GCH Silver | ___ Fur Master ATCA | ___ Novice |
| ___ GCH Gold | <i>FLYBALL</i> | ___ Intermediate |
| ___ GCH Platinum | ___ FDCh | ___ Advanced |
| <i>CITIZENSHIP</i> | ___ FM | ___ Performer |

| | | |
|--------------------------------|--------------------------------|---------------------------|
| ___CGC | ___ONYX | <i>THERAPY DOG</i> |
| ___CGCA | <i>NOSEWORK - NACSW</i> | THDN |
| ___CGCU | ___NW1 | THD |
| ___FDC | ___NW2 | THDA |
| ___TT | ___NW3 | THDX |
| ___Certified Therapy | <i>OBEDIENCE</i> | THDD |
| ___THD | ___BN | <i>OTHER</i> |
| <i>COURSING ABILITY</i> | ___CD, PCD, GN | _____ |
| ___CA | ___CDX, PCDX, GO | _____ |
| ___CAA | ___UD, PUTD, VER | |
| ___CAX | ___UDX | |
| | ___OTCH | |
| | | |

3. Please return this completed application to the Versatility Awards Coordinator at (name, address, phone and email).

4. Please attach a copy of your AKC title certificate or award progression sheet or other documentation to validate your application.

Signature _____ Date _____