

National Search Dog Alliance (NSDA)

Regional Testing Notification Form

To be filled out by the Event Organizer/ Team Leader or NSDA Liaison

Organizer's Name: _____

Street Address: _____ City: _____

State/Zip: _____ Phone: _____

Email: _____ Test Open ____ Closed ____

Test Date: _____ Location: _____

Affiliation: _____

Names of Evaluators Principal and Apprentice	Disciplines Testing	How many each
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- To be considered a Regional Testing Event, there should be ten (10) or more tests given, with a minimum of six (6) handlers. Reimbursement for Evaluator expenses shall be up to \$500.00 per Evaluator, with each Evaluator performing at least three (3) tests.
Expenses shall be submitted by original receipt by the Evaluator to the Organizer as follows:
 - Meals: Up to \$45.00 per day
 - Lodging: Up to \$95.00 + tax per night
 - Gasoline: By receipt
- In addition, the hosting team or organizer may request up to \$200.00 in additional non-personnel expenses, i.e. park use fees, necessary rentals, etc. If in doubt, contact the Testing Manager for approval at TESTMANAGER@n-sda.org.
- All expense receipts will be given by the Evaluator to the organizer or team leader of the event within two weeks of the event ending, to be submitted to the Assistant Treasurer for reimbursement. Expenses shall be paid by the hosting team or organizer directly to the Evaluator(s). Any receipts over the grant amount shall be the responsibility of the team/organizer or Evaluator.

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- NSDA members shall pay \$35.00 per test and non-members \$100.00 per test. Go to the NSDA web page at www.n-sda.org, then *Testing*, to view the hosting information for each of the disciplines. The Regional Testing timeline is found under the Testing tab also.
- Evaluators should submit an estimate of travel costs to the organizer and discuss payment – before committing on travel.
- One (1) month before the Regional Test is to take place, send the list below, with the names, addresses, email addresses and tests requested by those handlers who are attending.
- Please fill out this form and return it to Testing Manager. It can be scanned and emailed to TESTMANAGER@n-sda.org

Name	Address	Email	Test(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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ADDITIONAL NAMES

Name	Address	Email	Test(s)
11.			
12.			
13.			
14.			
15.			