

APPENDIX #2 Request for BCSDA Clinic Sanctioning

**Application for BCSDA Clinic Sanctioning**

Name of Clinic		
Date(s) of Clinic		
Open date		
Closing date		
Type	Sheep	Cow
Name of Organizer		
Organizer's address and phone #		
Organizer's email		

Clinic Details:

Time:		
Clinicians:		
Format:		
Fees:	Working: \$	Audit: \$
Services: (camping, meals, etc.)		
<b>Clinic Site</b>		
Name of owner		
site address		

<b>Owner of sheep / cows</b>	
Name	
Complete Address	

Please send the completed sanctioning application to the BCSDA Trial Director.

\$10.00 Sanctioning fees are to be paid to the BCSDA Treasurer, once application has been approved.