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APPLICATION FOR USNMC REGIONAL SPECIALTY

Name of AKC All-breed club to host the specialty: _____

Date of show: _____

Location of show (city, state) _____

AKC Club Contact info:

Name: _____

Phone: _____

Email: _____

USNMC Member who will do Coordination for the Specialty;

Name: _____

Phone: _____

Email: _____

Address, city, state, zip _____

Proposed Judge for Specialty? _____

Proposed Judge for Sweepstakes? _____

Other Proposed Events?:

Ringside Mentoring: _____

Judge's Ed Seminar: _____

Fundraising: _____

Trophy solicitation: _____

Group dinner / picnic: _____

Signature (USNMC Club Member) _____

Date: _____

Mail, fax or email to the USNMC Secretary (address above).

This will be presented for discussion / approval by the Board at the next Board Meeting and you will be contacted afterwards with questions, request for additional information, or with the results of the discussion / board vote.