



Rachel Hosking, Specialty Committee Chair
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APPLICATION FOR SEPARATE USNMC REGIONAL SPECIALTY

(Use this page if you are proposing a USNMC Regional Specialty that will not be held as part of the National Specialty.)

USNMC Member who will act as USNMC Show chair and primary contact for the Regional Specialty;

Name: _____
Phone: _____
Email: _____
Address, City, State, Zip _____

Date of proposed show: _____

Location of proposed show (City, State) _____

Will this be a Designated Specialty (part of an AKC all-breed show)? ___YES___NO
Or a Stand-alone show (held the day before or after an all-breed show)? ___YES___NO

AKC Club Contact information:

Club Name: _____
Contact / AKC Coordinator Information: _____
Name: _____
Phone: _____
Email: _____

Additional Proposed Events / activities: If yes, give name of who will be in charge of each:

Ringside Mentoring: ___YES___NO _____
Judge's Ed Seminar: ___YES___NO _____
Fundraising ___YES___NO _____
Trophy solicitation: ___YES___NO _____
Group dinner / picnic: ___YES___NO _____
Other? (Describe activity and who will be in charge): _____

Note about the Judges for a Regional: *When a Regional is held by itself, separate from the National, and is run by a local group of club members, the judges for the Regional / sweepstakes and other events may be selected by the Coordinator / USNMC Show Chair or the group working on that regional.*

Suggested Judge for Specialty: _____
Suggested Judge for Sweepstakes: _____
Suggested Judge for Other (describe): _____

Submitted by
Signature (USNMC Club Member): _____

Date: _____

Mail or email to the USNMC Specialty Committee Chair (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.