

BMDCC SPECIALTY (NATIONAL OR REGIONAL) APPLICATION FORM

YEAR APPLYING FOR: _____

SUGGESTED DATES: _____

ALL-BREED SHOW OR STAND-ALONE: _____

NAME OF ALL-BREED CLUB: _____

VENUE LOCATION: _____

COMMITTEE MEMBERS:

CHAIR (MUST BE BMDCC MEMBER): _____

SHOW SECRETARY: _____

TREASURER (MUST BE BMDCC MEMBER): _____

WAYS AND MEANS: _____

ADVERTISING: _____

TROPHIES: _____

RIBBONS: _____

WILL A REGIONAL SPECIALTY BE HELD WITH THE NATIONAL SPECIALTY? _____

WILL OBEDIENCE TRIALS BE HELD WITH THE SPECIALTY? _____

WILL A DRAFT TEST BE HELD WITH THE SPECIALTY? _____

WILL A SIEGER SHOW BE HELD WITH THE SPECIALTY? _____

WILL ANY OTHER EVENT BE HELD AND SPONSORED BY THE BMDCC WITH THIS SPECIALTY, IF YES, DESCRIBE EVENTS? _____

IS A BUSINESS PLAN ATTACHED? _____

I have read and understand the BMDCC Specialty Guidelines and agree to abide by them. Please mail or e-mail application along with a business plan to the Secretary of the BMDCC for Board Approval.

SIGNATURE OF CHAIR _____