

Delaware Club of America

Breed Show Registration Form

NAME: _____ Membership #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

Type of show you wish to hold?

Please circle Annual Regional State Local International Specialty (*describe*) _____

Proposed date(s) of Shows: _____

Acreage: _____ Utilities: _____ Do you: RENT OWN CONTRACT

Facilities (*circle all that apply*): Restrooms Barns Building Arena Other: _____

Do you need a permit? Y N If yes, how will you obtain one? _____

If your site is selected, can you provide space for parking? _____ Camping? _____

Additional Information: _____

I hereby certify that I am capable and able to hold a show as requested above. I agree that if I am selected, I can comply with the rules and regulations of the Delaware Club of America Association and provide a safe and friendly atmosphere for the Club, its members and guests of the show.

Signature Date

FOR OFFICE USE ONLY

Received Date: ____/____/____

Received By: _____ Application Complete Y N

Approval by Board Y N Date Approved for: ____/____/____ Show Type : A R S L I SP

Membership #: _____