



NATIONAL CANINE ASSOCIATION, INC. APPLICATION TO HOLD AN NCA EVENT

This form to be submitted at least six (6) months prior to the requested event date to:
National Canine Association, Inc. 5 Wagon Wheel Way Ocala, FL 34482 or fax
(703) 451-5979 E-Mail Address: karen@nationalcanine.com

PLEASE PRINT CLEARLY

Name of Registered Canine Association

Address

City

State

Zip Code

Club's Officers:

President: _____

V.P.: _____

Treasurer: _____

Secretary: _____

Secretary's Address: _____

Show Date(s) Request

First Preference: Date(s): _____ Day(s) _____

Second Preference: Date(s): _____ Day(s) _____

Site and Location of Show (include complete address): _____

How many events per day would the club like to host – one or two (2 being the max)?

Saturday _____ Sunday _____

Event is: Indoor Outdoor (circle one)

Does the club have amply members to work the event(s)? _____
(Stewards, Hospitality, Clean-up, etc.)

Does the club have equipment to host a show or will they need to rent/purchase rings, etc.? _____

Description of Show Facilities: _____

Please turn over to complete application

In conjunction with Pre-Entries, would the club want to take "Day-of-Show" Entries? _____ **YES** or **NO**
(Until the club is established, "Day-of-Show" should be taken.)

Please indicate the name(s), addresses, phone numbers and emails of the following people:

Show Chairperson(s): _____

Any other designated positions (please indicate the position and the person holding that position:

Will the club be holding any "Specialties" in conjunction with their show? If so, please identify: _____

Does the club want to request a specific judge and for what type of judging:

Print Show Chairperson's Name

Signature of Show Chairperson

Date

Submit this form to:
NCA - P.O. Box 2177 Springfield, VA 22152
Fax (703) 451-1948

Questions:
karen@nationalcanine.com or by phone at: (703) 644-6840

NCA Office Use Only:

Approved by NCA

Date