



Member Club Request to Hold Events 2020

Please complete and return to
Corresponding Secretary for BOD Approval

Member Club requesting approval:

Heart of Dixie Shiba Fanciers _____ Mid-States Shiba Club _____
Shiba Club of Greater New York _____ Shiba Club of Southern California _____

The member club acknowledges that this event will be supported entirely by the member club and assumes responsibility for all expenses associated with this event.

Member Club Contact: _____ E-Mail: _____

Type of Event(s): Designated Specialty: _____ Sweeps: _____ Supported Entry: _____
Independent Specialty: _____ Companion Events (list): _____

Date(s) of Event(s): _____ Location of Event(s): _____

AB Club: _____ Superintendent: _____

If Independent Specialty, please list the 5 NSCA members who will be attendance as the bench/event committee:

Does the AB Club require proof of insurance for this event? Yes _____ No _____ Is this a recurring event? Yes _____ No _____

Is the event in your club's territory? Yes _____ No _____ (please attach concurrence if event is in another NSCA member club's territory)

Regular Classes Judge (if available) _____
(Please ensure the judge assigned is not judging the NSCA National within 1 year after this show)

Sweeps Judge (if available) _____

Sweeps Judge Status for Shibas: Prospective _____ Provisional _____ Approved _____ Other _____

Has the Sweeps Judge attended an NSCA Judges Education Seminar? Yes _____ No _____

Does your club want assistance in planning a Public Education Event (i.e. Meet the Breeds)? Yes _____ No _____

Does your club want assistance in planning a Judges Education event (i.e. ringside mentoring)? Yes _____ No _____

Does your member club have NSCA approved presenters/mentors to facilitate Judges Education? Yes _____ No _____

Would your member club like assistance from the Judges Education Committee? Yes _____ No _____

As part of the consideration to approve your event request, the Board of Directors would like to know what your club has done to support our breed. Please list your club's activities in the calendar year prior to this request:

Member Club Contact Signature

Date

Date request form was received: _____ Date event was reviewed by BOD: _____

Date form was returned to Member Club Contact: _____

Per motion # _____, this event has been _____ by the NSCA Board of Directors.

NSCA Corresponding Secretary Signature

Date