



Member Club Request to Hold Events

Please complete and return to
Corresponding Secretary for BOD Approval

Member Club requesting approval:

Arizona Shiba Inu Association_____ Blue & Gray Shiba Club_____
Great Lakes Shiba Fanciers_____ 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 _____