

Member Club Request to Hold Events 2022

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____

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:	responsibility for all expenses associated with this event.
Type of Event(s): Designated Specialty: Sweeps: Supported Entry: Independent Specialty: Companion Events (list): Date(s) of Event(s): Location of Event(s): Superintendent: Superintendent: Superintendent: Superintendent 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 Public 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 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 event was reviewed by BOD:	
Independent Specialty: Companion Events (list):	Member Club Contact: E-Mail:
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NSCA Corresponding Secretary Signature Date	Per motion # by the NSCA Board of Directors.
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