

BASENJI CLUB OF AMERICA, INC.

APPLICATION FORM

FOR A REGIONAL DESIGNATED SPECIALTY ENTRY



Date: _____

PLEASE PRINT ALL INFORMATION

Check if this regional specialty entry being requested by an affiliated _____ Affiliate Club _____ Five (5) BCOA club or five (5) current BCOA members in good standing: _____ members.

Name of Affiliate Club:		Name/Title Representing Club:	
Address:		City, State, Zip:	
Email:		Telephone:	

If request is from five (5) BCOA members, please have those individuals print and sign their names in the appropriate spaces. **Please indicate (*) which individual should be the point of contact (P.O.C.) for these 5 named individuals.** Requests for a BCOA Regional Specialty entry with or without sweepstakes must have a completed AKC show application attached with the Regional Specialty Entry application. You must also have a consent letter from BCOA. This is per AKC regulations. See AKC's web site for show application.

Signature:	Signature:
Print Name:	Print Name:
Signature:	Signature:
Print Name:	Print Name:
Signature:	
Print Name:	
Address of Point of Contact:	
Email Address:	Telephone:

SHOW INFORMATION

Date of Show:	Name of Kennel Club:				
Location of show (show site, city, and state)					
REGULAR CLASSES: (circle classes) PLEASE SEE BCOA POLICY MANUAL FOR THE FULL POLICY REGARDING REGIONAL DESIGNATED SPECIALTY ENTRIES AND A COMPLETE LIST OF CLASSES AND AWARDS ELIGIBLE FOR BCOA MEDALLIONS. (Available online at www.basenji.org in Documents & Archives/Members Only Documents)					
Winners Dog	Winners Bitch	Best of Breed	Best of Op Sex	Select Dog	Select Bitch
Additional Classes:					
SWEEPSTAKES CLASSES: (circle classes to be awarded) Medallion(s) furnished only for Best Puppy and/or Best Veteran			BEST PUPPY	BEST VETERAN	

BCOA POLICY MANUAL: ALL UNCLAIMED BCOA MEDALLIONS WILL BE RETURNED TO THE BCOA MEDALLIONS CHAIR.