

REQUEST FOR ARBA SHOW SANCTION



THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED TO THE ARBA OFFICE AT LEAST THIRTY (30) DAYS PRIOR TO THE DATE OF THE SHOW. IF ANY INFORMATION IS NOT COMPLETE, IT WILL CAUSE A DELAY IN APPROVAL AND PROCESSING. If you have any questions, please contact the ARBA office at 814-297-8233 or info@arba.net. **Send completed form to ARBA PO Box 400 Knox, PA 16232**
The ARBA host club reserves the right to refuse entries from exhibitors placing an entry from all locations within 150 miles which has had a confirmed outbreak of RCV/RHD/VHD within the past 60 days of the entry deadline.

SPONSORING CLUB INFORMATION

* Name of Club _____

* Date/s of show (dates of actual judging) _____

Judging must occur on each date requested. (Fairs exempt)

* Location of Show (City) _____ State _____

➡ SHOW SECRETARY _____

Address _____

Phone number/e-mail _____

➡ SHOW SUPERINTENDENT _____

Address _____

Phone number/e-mail _____

➡ CLUB SECRETARY _____

Address _____

Phone number/e-mail _____

➡ Must be ARBA member. (Only the Show Secretary must be an ARBA member for Fairs)

** IS THIS A FAIR SHOW? () YES () NO

** NOTE: If answered YES, the Fair should be chartered with the ARBA. If not already chartered, please remit \$25.00 Fair Charter Fee.

IS THIS A NATIONAL SHOW? () YES () NO

Signed _____

ARBA OFFICE USE ONLY

OPEN # _____

YOUTH # _____

SANCTION INFORMATION

PLEASE INDICATE THE NUMBER OF SANCTIONS YOU ARE REQUESTING

* Combination fee if ordering Open & Youth shows in conjunction with each other.

_____ OPEN ALL BREED SHOW/s @ \$25.00 ea. _____

_____ YOUTH ALL BREED SHOW/s @ \$20.00 ea. _____

* _____ OPEN & YOUTH ALL BREED SHOW/s @ \$40.00 ea. _____

_____ OPEN SPECIALTY SHOW/s @ \$25.00 ea. _____

_____ YOUTH SPECIALTY SHOW/s @ \$20.00 ea. _____

* _____ OPEN & YOUTH SPECIALTY SHOW/s @ \$40.00 ea. _____

TOTAL SANCTION FEES _____

Please specify breeds (or Rare Breed) of specialty shows.

OPEN _____

YOUTH _____

Will your show/s be held in conjunction with another club? () Yes () No

If so, specify which club _____

Do you require Legs of Grand Champion? () Yes () No

If so, how many _____ () Cut () Uncut [computer legs]

If you require show supplies please visit the shop online section of the ARBA website at www.arba.net or see the official ARBA order form on back.

METHOD OF PAYMENT

Please check one () Check () Cash () Credit Card

Credit card # _____ Security # _____

Exp Date _____ Name on Card _____ (3 digit code on the back of the card)

Billing address _____

Phone/Email _____