

**CAVY NEW VARIETY COD APPLICATION FORM**

|  |                |             |
|--|----------------|-------------|
| <b>Date:</b>   |                |             |
| <b>Name:</b>   | <b>ARBA #:</b> |             |
| <b>Street:</b>   |                |             |
| <b>City:</b>   | <b>State:</b>  | <b>Zip:</b> |
| <b>Phone:</b>  | <b>Email:</b>  |             |
| <b>National Specialty Club<br/>President Contact<br/>Information</b> |                |             |
| <b>National Specialty Club<br/>Secretary Contact<br/>Information</b> |                |             |

**Breed:** *(may include the satin counterpart)* \_\_\_\_\_

**Group/Variety:** \_\_\_\_\_

**Standard is attached**

**Proposal:**