



Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Show Chairperson and members of the Show Committee (include trial/show secretaries)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Show Superintendent \_\_\_\_\_

How many ABTC medallions do you need? \_\_\_\_\_  
 Send to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many members belong to your club? \_\_\_\_\_  
 How many people will be helping with these events? \_\_\_\_\_  
 What fund raisers have you planned? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any special attractions or activities planned for exhibitors  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Preliminary Show Budget

Income		Expenses	
Entry fees		Judges Fees and Lodging	
Trophy donations		Show Secretary Fees/Supplies	
ABTC donation		AKC Fees	
Raffle or fund raiser		Show Site	
Catalogs		Premium Lists and Postage	
Other		Catalogs	
		Trophies & Ribbons	
		Other	
Total		Total	

Prepared by: \_\_\_\_\_ E-mail: \_\_\_\_\_

Answer as many of the above questions as you can at this stage of planning. Return this application to the Area Club Liaison:

Kathy Nelson  
 505 Timbercrest Lane  
 Fleming Island, FL 32003  
 (904) 264-8691  
 Image00@bellsouth.net