## 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 309-664-7500 or info@arba.net. Send completed form to ARBA PO Box 5667 Bloomington, IL 61702. 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

## SANCTION INFORMATION

* Name of Club	PLEASE INDICATE THE NUMBER OF SANCTIONS YOU ARE REQUESTING
* Date/s of show (dates of actual judging)	* Combination fee if ordering Open & Youth shows in conjunction with each other.
Judging must occur on each date requested. (Fairs exempt)	OPEN ALL BREED SHOW/s @ \$25.00 ea.
* Location of Show (City) State	YOUTH ALL BREED SHOW/s @ \$20.00 ea.
SHOW SECRETARY	* OPEN & VOUTH ALL BREED SHOW/s @ \$40.00 pg
Address	OPEN SPECIALTY SHOW/s @ \$25.00 ea.
Phone number/e-mail	YOUTH SPECIALTY SHOW/s @ \$20.00 ea.
SHOW SUPERINTENDENT	* OPEN & YOUTH SPECIALTY SHOW/s @ \$40.00 ea.
	TOTAL SANCTION FEES
Address	Please specify breeds of specialty shows.
Phone number/e-mail	OPEN
CLUB SECRETARY	YOUTH
Address	Will your show/s be held in conjunction with another club? ( ) Yes ( ) No
Phone number/e-mail	If so, specify which club
Must be ARBA member. (Only the Show Secretary must be an ARBA member for Fairs)	Do you require Legs of Grand Champion? ( ) Yes ( ) No
** IS THIS A FAIR SHOW? ( ) YES ( ) NO	If so, how many ( ) Cut ( ) Uncut [computer legs]
** NOTE: If answered YES, the Fair should be chartered with the ARBA. If not already chartered, please remit \$25.00 Fair Charter Fee.	If you require show supplies please visit the shop online section of the ARBA website at <b>www.arba.net</b> or request an official ARBA order form.
IS THIS A NATIONAL SHOW? ( ) YES ( ) NO	METHOD OF PAYMENT
Signed	Please check one ( ) Check ( ) Cash ( ) Credit Card
	Credit card # Security #
<u>ARBA OFFICE USE ONLY</u>	Exp Date Name on Card
<i>OPEN</i> #	Billing address
YOUTH #	
	Phone/Email