

Saluki Club of America

Specialty Show Proposal

This proposal is to be completed by the person who would serve as Show Chairman of this event.

SECTION I

Eastern Regional Specialty
Other (Provide Description)

Western Regional Specialty

Date of Proposed Event _____ Date of Application: _____

Independent Specialty Specialty Event held with All Breed, Hound or Sighthound Club

Name of Host Club: _____

Club Contact: _____

Provide documentation of club support/approval as Attachment I.

SECTION II

1. Chairperson _____

2. Assistant Chairperson _____

3. Key Committee/Chairpersons: list below

Trophies		Ring Steward	
Catalog Ads		Judge Hospitality	
Hospitality		Decorations	
Grounds		Lure Coursing	
Parking*		Obedience	
Judge Education**		COO Exhibition***	
Other		Other	

***If applicable**

****Contact SCOA Chair of Judge Education for coordination of JE/mentoring, etc.**

*****Contact SCOA Chair of Desert-Bred Education Committee for event coordination.**

4. Location: _____

Site Description: _____

Camping Facilities yes no

Please provide information if answer is yes (fees, hookups, etc) _____

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Motels: (Please provide list of motels that accept dogs & price range):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Nearby Tourist Attractions or areas of Interest:

5. Please list other shows that are part of the circuit if applicable.

6. Tentative Activities:

- Sweepstakes Obedience Agility Seminar Lure coursing
Judge Education Hospitality Silent Auction/Raffle Dinner

7. Superintendent: _____

8. Tentative Budget for entire Specialty (please complete Attachment 2 – Financial Statement with as much information as you have at this time)

Use Excel file attached.

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SECTION III

Complete this section two years out.

1. Proposed Judges from SCOA judge Selection Committee List of approved Judges.

2. Please list changes to committee chairs/responsibilities: _____

3. Please list any changes to site or schedule: _____

4. Please list any other changes to show plans. _____

5. Please resubmit your updated financial statement

SECTION IV

Complete this section one year out

1. Please list any changes to committee chairs/responsibilities.

2. Please list any changes to site or schedule.

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4. Please list any other changes to show plans.

5. Please update your financial statement if there are any changes or additional information.

Signature of Applicant/Chair

Address

Phone Number and E-Mail

Signature of Applicant/Co-Chair

Address

Phone Number and E-Mail

For Use by Specialty Advisory Committee		
Date Received	Date to Committee	Date to Secretary
Committee Vote	<input type="checkbox"/> Approve	<input type="checkbox"/> Not Approved
Comments:		