

Saluki Club of America

Supported Show Proposal

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

SECTION I - Please apply at least two years in advance

Date of Proposed Event: _____ Date of Application _____

All Breed Kennel Club Supported Entry

Name of Club: _____

Show Chairman of Host Club or Designated Coordinator _____

Hound Club Supported Entry

Name of Club _____

Show Chairman of Host Club or Designated Coordinator _____

Judge(s) shall be selected from the list provided by the SCOA Judge Selection Committee Chair. Arrangements for judges may be negotiated by the supported entry chair with the all-breed club show chairman and consistent with the host all breed kennel clubs policy with **prior approval from the SCOA SAC Committee.**

List Proposed Judge(s): _____

Please provide documentation of club support/approval as Attachment I.

SECTION II

1. Chairperson of supported event: _____

2. Assistant Chairperson _____

3. Key Committee/Chairpersons: list below in those categories that apply.

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

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

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

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4. Location: _____

Camping Facilities yes no

5. Other shows/show dates on the weekend if applicable:

6. Proposed Activities:

Sweepstakes Obedience Agility Seminar Lure coursing

Judge Ed Hospitality Silent Auction/Raffle Dinner

7. Superintendent: _____

8. Tentative Budget for entire Specialty Please use attached Excel File.

SECTION III

Complete this section one year from show date.

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

2. Please list any changes to site or schedule.

4. Please list any other changes to show plans.

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

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Signature of Applicant/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
Recommendations to Board:		