



The Ibizan Hound Club of The United States Specialty Show Application

This application must be received by the Secretary at least 12 months prior to the Proposed Show Date.

Proposed Show Date:

Show Superintendent/Secretary

Name:

Experience:

Available office equipment for use:

Site Description

Please mark with an "X":

Indoors

Outdoors

Independent

Cluster

List the ALL BREED CLUSTER that will also be held in conjunction on the Proposed Show Date and at this location:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Host Hotel and Location:

| Hotel Name | Phone | Rate |
|------------|-------|------|
| | | |
| | | |
| | | |
| | | |

Other Hotels/Motels Accepting Dogs:

| Hotel Name | Phone | Rate |
|------------|-------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Major Airports:

| Airport | Distance From Show Site |
|---------|-------------------------|
| | |
| | |
| | |

Entry Fees

| | | | |
|----------------------|----|--------|----|
| Regular classes: | \$ | Other: | \$ |
| Non-regular classes: | \$ | Other: | \$ |
| Sweepstakes: | \$ | Other: | \$ |

List Classes To Be Offered

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Photographer Information

Name:

Address:

Phone:

Email:

Veterinarian Information

On-call: Yes No

Name:

Clinic:

Address:

Phone:

Email:

Emergency Animal Clinics In Area

| Clinic Name | Phone |
|-------------|-------|
| | |
| | |
| | |
| | |

BUDGET

Indicate your estimated budget using the worksheet below. You may attach a separate sheet if necessary.

IHCUS National Specialty Budget Worksheet

| | |
|-------------------------------------|--|
| Trophy Costs (total) | |
| Sweepstakes | |
| Regular Classes | |
| Agility | |
| Coursing | |
| Obedience | |
| Other | |
| Specialty Dinner (total) | |
| Dinning Room | |
| Table Centerpieces | |
| Other | |
| Annual Meeting (total) | |
| Conference Room | |
| Food & Refreshments | |
| Other | |
| Judging Costs & Fees | |
| Sweepstakes | |
| Regular Classes | |
| Agility | |
| Coursing | |
| Obedience | |
| Other | |
| Site & Equipment (total) | |
| Conference Room | |
| Food & Refreshments | |
| Other | |
| TOTAL BUDGET | |

Applicant Information & Signature

A disclaimer protecting the Club from liabilities incurred at this Show must be printed in the premium list. All Club members must receive a copy of the premium list.

Applicant Information

| | |
|-------------------|--|
| Printed Name: | |
| Address: | |
| City, State, Zip: | |
| Phone: | |
| Fax: | |
| Email address: | |

| | |
|-----------------------|------|
| | |
| Applicant's Signature | Date |

The application must be received by the Secretary at least 12 months prior to the Proposed Show Date.

Return this completed form to:

Teddy Burke
 IHCUS Secretary
 12840 Oak Rd.
 Greenwood, De 19950
 secretary@ihcus.org

| | |
|--------------------------------|----------|
| | |
| Date Received by the Secretary | Initials |

