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 ☐ Western Regional Specialty ☐
Other (Provide Description) ☐

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

<table>
<thead>
<tr>
<th>Trophies</th>
<th>Ring Steward</th>
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</thead>
<tbody>
<tr>
<td>Catalog Ads</td>
<td>Judge Hospitality</td>
</tr>
<tr>
<td>Hospitality</td>
<td>Decorations</td>
</tr>
<tr>
<td>Grounds</td>
<td>Lure Coursing</td>
</tr>
<tr>
<td>Parking*</td>
<td>Obedience</td>
</tr>
<tr>
<td>Judge Education**</td>
<td>COO Exhibition***</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

*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) ____________________

Saluki Club of America
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.
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.

Saluki Club of America
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

<table>
<thead>
<tr>
<th>For Use by Specialty Advisory Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received</td>
</tr>
<tr>
<td>Committee Vote</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

| Date Received | Date to Committee | Date to Secretary |
| Committee Vote | □ Approve | □ Not Approved |
| Comments: |

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| Comments: |