

# 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.. To assure that this show is advertised in the Domestic Rabbits, this request should be remitted at least 90 days prior to the show. 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.**

## SPONSORING CLUB INFORMATION

\* Name of Club \_\_\_\_\_

\* Date/s of show (dates of actual judging) \_\_\_\_\_

Judging must occur on each date requested. (Fairs exempt)

\* Location of Show (City) \_\_\_\_\_ State \_\_\_\_\_

➡ SHOW SECRETARY \_\_\_\_\_

Address \_\_\_\_\_

Phone number/e-mail \_\_\_\_\_

➡ SHOW SUPERINTENDENT \_\_\_\_\_

Address \_\_\_\_\_

Phone number/e-mail \_\_\_\_\_

➡ CLUB SECRETARY \_\_\_\_\_

Address \_\_\_\_\_

Phone number/e-mail \_\_\_\_\_

➡ Must be ARBA member. (Only the Show Secretary must be an ARBA member for Fairs)

\*\* IS THIS A FAIR SHOW? ( ) YES ( ) NO

\*\* NOTE: If answered YES, the Fair should be chartered with the ARBA. If not already chartered, please remit \$25.00 Fair Charter Fee.

IS THIS A NATIONAL SHOW? ( ) YES ( ) NO

Signed \_\_\_\_\_

### ARBA OFFICE USE ONLY

OPEN # \_\_\_\_\_

YOUTH # \_\_\_\_\_

## SANCTION INFORMATION

PLEASE INDICATE THE NUMBER OF SANCTIONS YOU ARE REQUESTING

\* Combination fee if ordering Open & Youth shows in conjunction with each other.

\_\_\_\_\_ OPEN ALL BREED SHOW/s @ \$25.00 ea. \_\_\_\_\_

\_\_\_\_\_ YOUTH ALL BREED SHOW/s @ \$20.00 ea. \_\_\_\_\_

\* \_\_\_\_\_ OPEN & YOUTH ALL BREED SHOW/s @ \$40.00 ea. \_\_\_\_\_

\_\_\_\_\_ OPEN SPECIALTY SHOW/s @ \$25.00 ea. \_\_\_\_\_

\_\_\_\_\_ YOUTH SPECIALTY SHOW/s @ \$20.00 ea. \_\_\_\_\_

\* \_\_\_\_\_ OPEN & YOUTH SPECIALTY SHOW/s @ \$40.00 ea. \_\_\_\_\_

TOTAL SANCTION FEES \_\_\_\_\_

Please specify breeds of specialty shows.

OPEN \_\_\_\_\_

YOUTH \_\_\_\_\_

Will your show/s be held in conjunction with another show? ( ) Yes ( ) No

If so, specify which show \_\_\_\_\_

Do you require Legs of Grand Champion? ( ) Yes ( ) No

If so, how many \_\_\_\_\_ ( ) Cut ( ) Uncut [computer legs]

*If you require show supplies please visit the shop online section of the ARBA website at [www.arba.net](http://www.arba.net) or request an official ARBA order form.*

## **METHOD OF PAYMENT**

Please check one ( ) Check ( ) Cash ( ) Credit Card

Credit card # \_\_\_\_\_ PIN # \_\_\_\_\_

Exp Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing address \_\_\_\_\_

Phone/Email \_\_\_\_\_