

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

REV 3/08

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

IS THIS A NATIONAL 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.

Signed _____

ARBA OFFICE USE ONLY

Open # _____

Youth # _____

Send completed form to:
ARBA
PO Box 5667
Bloomington, IL 61702

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]

TOTAL AMOUNT ENCLOSED _____

METHOD OF PAYMENT

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

Credit card # _____ PIN # _____

Exp Date _____ Name on Card _____

Billing address _____

Phone/Email _____