



## **Application for BTCA Designated Specialty**

**Applications must be received by the BTCA Corresponding Secretary no later than 12 months before the closing date of the event.**

**Date of Application:** \_\_\_\_\_

**Requesting Club:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Officers of the Club:**

**President:** \_\_\_\_\_

**Vice President:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

**Does your club have liability insurance?** \_\_\_\_\_

**List the members of the Designated Specialty Committee:**

**Coordinator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Written approval from the Host Club must be submitted with this application. Inform the club that your request is tentative until approved by the BTCA Board of Directors.**

**Host Club:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Show:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Designated Specialties are restricted to at least 120 days before or after a BTCA National Specialty and must be located at least 750 air miles from the BTCA National Specialty location for that year.**

**An AKC Application for Show/Trial must be submitted with this application. Please include the application fee. List all classes that will be offered.**

**All expenses of the Designated Specialty will be covered by the requesting club. The BTCA will not offer any seed money. The requesting club will provide all trophies for this Designated Specialty. If a logo is used, it must be the BTCA logo.**