



BORZOI CLUB OF AMERICA, INC.
Regional Specialty Application

Club Name: _____

Specialty Chairman: _____

Address: _____

Phone: _____ **FAX:** _____ **Email:** _____

HOST CLUB/SPECIALTY CLUB INFORMATION

Show Day and Date: _____ **Closing Date** _____

Show Location: _____

Is this an Independent Specialty? **Yes:** _____ **No:** _____

If held with an All-Breed Club, Name of Club: _____

Show Superintendent: _____

Conformation Judge: _____

Sweepstakes Judge: _____

Sweepstakes Judge Address: _____

Please submit application at least six (6) months prior to your show. Make sure that it reaches the Corresponding Secretary in time for the BCOA Board to review your application. Send the application (with a copy sent to your Regional Governor), or request additional applications from, the Corresponding Secretary, Karen Mays, 3336 Bagley Passage, Duluth, GA 30097, (678) 957-9544, karen@zencor.com. In order to receive approval, the Corresponding Secretary must have your club's current list of officers and members with addresses and phone numbers.

Specialty Applicant, Signed: _____ **Date:** _____

Address: _____
