

Bull Terrier Club of America
Show Request Form (Check all applicable boxes)

REGIONAL CLUB NAME _____ **DATE:** _____

1. SHOW DATE: _____ **SHOW NAME:** _____

LOCATION: _____ **SUPERINTENDENT** _____

SHOW TYPE: Supported Independent Evening Concurrent Designated
 All-Breed Specialty Specialty Specialty Specialty

 ROM Points? Doble Award? Brummagem Award? BTCA Support?

SWEEPSTAKES? **SWEEPSTAKES JUDGE:** _____

SPECIALTY JUDGE: _____ **Signed Contract?**

2. SHOW DATE: _____ **SHOW NAME:** _____

LOCATION: _____ **SUPERINTENDENT** _____

SHOW TYPE: Supported Independent Evening Concurrent Designated
 All-Breed Specialty Specialty Specialty Specialty

 ROM Points? Doble Award? Brummagem Award? BTCA Support?

SWEEPSTAKES? **SWEEPSTAKES JUDGE:** _____

SPECIALTY JUDGE: _____ **Signed Contract?**

3. SHOW DATE: _____ **SHOW NAME:** _____

LOCATION: _____ **SUPERINTENDENT** _____

SHOW TYPE: Supported Independent Evening Concurrent Designated
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 ROM Points? Doble Award? Brummagem Award? BTCA Support?

SWEEPSTAKES? **SWEEPSTAKES JUDGE:** _____

SPECIALTY JUDGE: _____ **Signed Contract?**

4. SHOW DATE: _____ **SHOW NAME:** _____

LOCATION: _____ **SUPERINTENDENT** _____

SHOW TYPE: Supported Independent Evening Concurrent Designated
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 ROM Points? Doble Award? Brummagem Award? BTCA Support?

SWEEPSTAKES? **SWEEPSTAKES JUDGE:** _____

SPECIALTY JUDGE: _____ **Signed Contract?**