

# 2015 ABdFC National Specialty Reservation Form

Reservation Closing Date is September 14, 2015

## Contact Info

## Reservation Information

Name of Person #1 (FirstLast)

Name of Person #2

Address

City

State/Zip Code

E-Mail

Phone #1

Phone #2

## Dinners

## Awards Banquet

Write in the # of people requesting each meal and total at left

# **X \$40 =**

\_\_\_\_\_ Salmon \_\_\_\_\_ Flatiron Steak \_\_\_\_\_ Chicken \_\_\_\_\_ Vegetarian

## Mountain Man Buffet & Auction

# **X \$32 =**

Backyard Buffet - No selection required just let us know how many people and total at left.

\*\* Each Purchased dinner will be provided \$10 of Mountain Bucks to use at the Auction

## Education /Seminars

## OFA/ CHIC DNA Repository Blood Draw

#

Free

How Many Dogs?

(Day preferred)

Wednesday

Thursday

# **X \$40 =**

Dogs at \$40 per AKC  
cheek swab

## AKC DNA Profile Cheek Swab

How Many Dogs?

(Day Preferred)

Wednesday

Thursday

#

Number to Attend

## BHF Lecture - K9 Reproduction - No Cost to Attend

(Greg Burns, DVM, DACT) Wednesday 1:30pm - 3:00pm

\$ \_\_\_\_\_  
Page 1 Sub-Total

Fill in the sub-total for Page 1 to the left then continue on next page

**RV Parking**

Pre -Reserved \$40 per night/\$50 at event. Optional: One-time Sewer Disposal/\$30 fee paid directly to Disposal Tech on day of Service (TBD)

Sun _____	Mon _____	Tue _____	Wed _____	Thurs _____	Fr _____	Sat _____
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RV Type	Total Length	Additional Vehicle Y/N	Sewer Service Requested Y/N
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#      X \$40 = \_\_\_\_\_  
 RV Parking at \$40 per night

**Before signing up please read the RV/Motorhome information in the Planning Guide for all restrictions and reservation procedures. All units must vacate by 12 noon on Sunday, October 11th. For additional questions, contact RV Parking Coordinators: Scott & Penny Anderson (roguebouviers@gmail.com)**

**Micellaneous**

#      X \$50 = \_\_\_\_\_

**Grooming Space (10 X 10) \$50 each for week - limit 2 spaces per person Please read grooming space informaton in Planning Guide first.**

#      X \$20 = \_\_\_\_\_

**Catalog: Pre-Paid \$20 Unmarked Only - Limited catalogs will be available at show for \$25.**

#      X \$10 = \_\_\_\_\_

**Reserved Ringside Seating - does not include the Top 20 Event - \$10 each**

\$ \_\_\_\_\_  
**Page 2 Sub total**

**Completed Form**

**Mail Form and Check**  
 Make checks payable to: ABdFC  
 Mail to Karen Florentine  
 79 W Indian Springs Dr  
 Glenmoore, PA 19343

**Questions?**  
 Email Karen at kfloren@ptd.net  
 or call Susan Upcraft at (817) 689-5639

\$ \_\_\_\_\_  
**Total Amount Due**  
**Page 1 & 2**

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**For Administrative Use Only**

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Received Date

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Check #

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Amount

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Sent to Treasurer