



2016 ABdFC National Specialty Reservation Form

Registration Closing Date – September 15, 2016 except for RV reservations which
must be received by September 5, 2016

CONTACT INFORMATION

Name _____

Name of Additional Person _____

Address: _____ City: _____

State: _____ Zip: _____ e-mail _____

Home Phone _____ Cell Phone _____

DINNERS

Down on the Farm Buffet and Auction

_____ # of People @ \$32 per person Total enclosed \$ _____

Awards Buffet Dinner

_____ # of People @ \$40 per person Total enclosed \$ _____

EDUCATION/SEMINARS

OFA/CHIC DNA Repository Blood Draw on Wednesday – Free

_____ # of dogs

AKC DNA Profile Cheek Swab on Wednesday - \$40 per dog

_____ # of dogs @ \$40 per dog Total enclosed \$ _____

BHF Seminar – The “USA Today” of Canine Oncology with Dr. Ann Jeglum – Free

_____ # of people attending

GROOMING

_____ # of grooming spaces at \$70 each Total enclosed \$ _____

Are you requesting multi-person set up? If so, please list additional names:

CATALOGS

_____ # of catalogs @ \$20 each Total enclosed \$ _____

RINGSIDE SEATING

_____ # of reserved seats @ \$10 each Total enclosed \$ _____

RV RESERVATIONS

Pre-Reserved \$30 per night

Option for one time septic disposal (\$30 cash only paid directly to service provider at the time of service)

_____ # of nights at \$30 per night Total enclosed \$ _____

Please circle nights included

Saturday Sunday Monday Tuesday Wednesday Thursday Friday

RV Type _____ Length _____

Sewer Service Y/N _____

Note: Sites include no services. RV MUST BE FULLY SELF-CONTAINED. If you plan to use sewer service owner must be present at RV during the operation. Payment is in cash with exact change. ABdFC accepts NO LIABILITY for damage to RV. Specialty RV Coordinator will make every effort to arrive on Sunday to assist with parking. Spaces accommodate the RV ONLY. Additional vehicles must be parked in the main parking lot. All units must vacate the Host by 12 noon on Saturday, October 22nd.

Total Due from pages 1 and 2 \$ _____

Please make check payable to ABdFC and mail check and form to:

Bronwyn Bauer

8410 Pinewood Dr., Castle Rock, CO 80108-9247

For Administrative use only

Date Received _____ Check # _____ Amount _____ Sent to Treasurer _____

