



# 2018 ABdFC National Specialty Reservation Form

Registration Closing Date: 9/12/18

## Contact Info

Please complete this form, return via mail at the address listed on page 2.

Print a copy for additional people.

## Reservation Information

Name of Person #1 (First/Last)		Name of Person #2 (First/Last)	
Address	City	State/ZIP Code	
E-Mail	Phone #1	Phone #2	

## Dinners

### Awards Banquet

Write in the # of people requesting each type of meal:

\$ _____	_____ Beef	_____ Chicken	_____ Vegetarian	_____ Gluten Free
Dinner(s) at \$40 per person			(Order in Advance)	(Order in Advance)

\$ _____	Auction Buffet _____ # of People
Buffet(s) at \$35 per person	

## Education/Seminars

### CHIC Blood Draw

\$ Free	_____	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY
Dogs per CHIC blood draw	How many Dogs?	Day Preferred	

### AKC Cheek Swab

\$ _____	_____	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY
Dogs at \$40.00 per AKC cheek swab	How many Dogs?	Day Preferred	

\$ _____
<b>PAGE 1 SUB-TOTAL</b>

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

Please write your name. \_\_\_\_\_  
First Name/ Last Name

**RV** RV Reservations (Pre-Reserved \$45 per night/\$55 at event)

\_\_\_\_ Sun \_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat

\$ \_\_\_\_\_  
RV Parking at \$45 per night

RV Plate (State/#)	RV Type (MH/T) & Length	Special Needs	Tow/Extra Vehicle - Y/N Vehicle Plate (State/#)
--------------------	-------------------------	---------------	--

(Note: Due to Purina events before and after our Specialty, no RVs will be allowed in designated sites until 12noon, Sunday, Oct 7th and must vacate site by 9am Sunday, Oct 14th - contact Purina Farms directly for Overflow Parking before or after these dates.)

**Misc.** Grooming Space (10X10 Space) - **SOLD OUT AS OF AUGUST 26**

(Note: Limited spaces available) limit 2 spaces.

\_\_\_\_\_  
Catalogs @ \$20 each

Pre-Paid Catalog  
\_\_\_\_ \$20 (At the Specialty Catalogs will be \$25.)

\$ \_\_\_\_\_  
Seats at \$10 per chair

Reserved Ringside Seating  
Proceeds bene it the Bouvier Health Foundation. (Note: This does not include seating at Top 20).

\$ \_\_\_\_\_  
**PAGE 2 SUB-TOTAL**

**Completed Form**

Mail Form and Check

Please make checks payable to: ABdFC  
Mail to:  
Nancy Scott  
5275 S Crocker St  
Littleton, CO 80120-1008

Questions?  
Email Nancy at [cheybouv@aol.com](mailto:cheybouv@aol.com)

\$ \_\_\_\_\_  
**TOTAL AMOUNT DUE FROM PAGE 1 & 2**

-----  
For Administration Use Only

Received Date	Check Number	Amount	Sent to Treasurer
---------------	--------------	--------	-------------------