

REGISTRATION AND MEALS

**Photocopy this entire 2-page document, as many as you need,
And KEEP A COPY for your records.**

**ALL ATTENDEES – both members and non-members
MUST BE REGISTERED**

**REGISTRATION & MEAL RESERVATIONS MUST BE RECEIVED BY MARCH 15, 2017
THERE IS A \$30.00 NSF FEE FOR ANY RETURNED CHECKS.**

Make checks payable to SCOA in US funds. **Send with registration form to:
Barbara Daniello, Registrar – 99 Sky Manor Road, Pittstown, NJ 08867**
Questions? E-mail: bdaniello@aol.com Phone: (908) 996-4066

SPECIALTY REGISTRATION FORM

PLEASE PRINT LEGIBLY

PAYMENT MUST BE RECEIVED BY MARCH 15, 2017

Primary Registrant Name: _____

Address: _____

City, State, Zip Code: _____

E-mail: _____ Phone: _____

Additional Registrant(s) Name(s): _____
(Use back of form in needed)

ATTENDING WELCOME PARTY (4/4/17): _____ YES _____ NO

TOP 20 SHOWCASE CATALOG (\$10.00): _____ YES _____ NO

CGC TESTS (\$10.00 per test) _____ (number of tests) x \$10.00 = \$ _____

TDI TESTS (\$10.00 per test) _____ (number of tests) x \$10.00 = \$ _____

ATTENDING MYRA SAVANT SEMINAR ON TUESDAY, APRIL 4, 2017: _____ YES _____ NO
(if the minimum is not met, you will be notified)

PACKAGES

QUANTITY

TOTAL

PACKAGE A: Registration and Meals (\$170) _____ X \$170 = _____
Wednesday: box lunch & dinner
Thursday: buffet lunch & Top 20
Friday: box lunch & banquet

PACKAGE B: Registration and Meals (\$120) _____ x \$120 = _____
Wednesday: dinner only
Thursday: Top 20 only
Friday: banquet only

PACKAGE C: Registration and Meals (\$125) _____ x \$125 = _____

Wednesday: boxed lunch and dinner

Friday: boxed lunch and dinner

PACKAGE D: Registration and Meals (\$95) _____ x \$95 = _____

Wednesday: dinner

Friday: banquet

Boxed Lunch for Tuesday, April 4, 2017 _____ x \$15 = _____

Buffet Lunch – Thursday, April 6, 2017
(can be added to PACKAGE B, C or D) _____ x \$20 = _____

Registration Only (no meals) _____ x \$25 = _____

Children’s Meals: 5 & under free; 6 to 12 yrs. half price. _____ = _____

Sanctioned B Match pre-entry(ies) _____ x \$5 = _____

Top 20 Showcase catalog (\$10) _____ x \$10 = _____

AMOUNT
ENCLOSED

\$ _____

----- SANCTIONED B MATCH ENTRY FORM (Tuesday, April 4, 2017) -----

Dog No. 1: Name: _____

Date of birth: _____ Sex: _____

Owner(s)' Name: _____

Class: 3-6 mos. 6-9 mos. 9-12 mos. 12-18 mos. Adult
(circle one)

Dog No. 2: Name: _____

Date of birth: _____ Sex: _____

Owner(s)' Name: _____

Class: 3-6 mos. 6-9 mos. 9-12 mos. 12-18 mos. Adult
(circle one)