



The Ibizan Hound Club of The United States Independent Specialty Show Application

This application must be received by the Secretary at least 12 months prior to the Closing Date of the Show.

Submission of this application represents knowledge of and agreement to follow AKC Rules and Regulations and IHCUS Procedures and Guidelines. **You must read the "IHCUS Procedures and Guidelines for Independent Specialties" in order to properly fill out this application.** Available at IHCUS.org or from the IHCUS Secretary.

For items below not applicable to your event, state "N/A" For purposes of this application the term All-Breed club will be used with the understanding your event may be associated with a Limited Breed Club (Hound Club).

_____ Independent Specialty _____ Supported Entry Optional _____ Sweepstakes Optional

_____ IHCUS Performance Events Optional

Required with this Application:

1. **Written approval from All-Breed Club** for an IHCUS Concurrent or Evening Specialty for the specified Show Date. This should include approval for Supported Entries and Sweepstakes, if being offered.

2. **AKC Application for a Show or Trial:** Available from the AKC. Completed and submitted to the IHCUS Secretary for signature of an IHCUS Officer. IHCUS will submit the form to AKC and pay the application fee. Contact the Secretary if assistance is needed with the form.

Proposed All Breed Club Show Date & Location

Club:

Date:

Location:

IHCUS Member Submitting this Application and volunteering as Specialty Show Chairman:

Name _____ E-Mail _____ Phone _____

All-Breed Club Show Chair (For Concurrent or Evening Specialties or Specialties held in conjunction with an All-Breed Show weekend)

Name

Mailing Address:

e-mail

Phone

Your estimated entry for your event: _____

Note: An IHCUS Specialty should reasonably expect to attract a minimum of 25 entries to warrant classification as an IHCUS Specialty

For Concurrent, Evening and Adjoining Shows: List the shows in the ALL BREED CLUSTER that will also be held in conjunction on the Proposed Show Date at this location:

Host Hotel and Location:

Hotel Name	Phone	Rate

Other Hotels/Motels Accepting Dogs:

Hotel Name	Phone	Rate

Major Airports:

Airport	Distance From Show Site

Your Specialty committee/members *(all Chairs must be IHCUS members in good standing)*. Your Committees should be of a size appropriate to the scale of activities you intend for your event. One person can hold multiple positions.

***Trophy Chair**
(required)

Responsible for solicitation, selection and purchasing of trophies.

Hospitality

***Finances Chair**
required

Responsible for collecting, dispersing, and record keeping for all funds.

Chair:

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Members:

Publicity

Banquet

Auction

Chair:

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Members:

**if contract obligating IHCUS for catering or restaurant involved.*
If an ad hoc gathering "N/A"

To what purpose will auction funds be made?
Example: to offset IHCUS specialty expenses

Welcome Bags

Fundraisers

Parade of Honor

"N/A" if not provided
List Cost if providing

Chair:

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Members:

List other fund raising plans if any

Titleholders, Rescue, Imports
"N/A" if not providing
List Cost if providing

Agility

If offered list projected costs

Obedience/Rally

If offered list projected cost.

Lure Coursing

*if requested as an IHCUS titled Coursing specialty ASFA or AKC event.

If not IHCUS, but in conjunction with your specialty, check "N/A".

Chair:
Members:

4 to 6 Puppy

"N/A" if not provided

Sweepstakes

"N/A" if not providing

If being held concurrently, you must include written approval from the All- Breed Club.

Project expenses!

(Not available for Evening Specialties)

Supported Entries

"N/A" if not providing.

If yes, state what dates and projected expenses.

Must have written approval from All-Breed Club for your dates and provide with this Independent Specialty application.

See IHCUS Supported Entry procedures and guidelines.

You do not have to submit a separate Supported Entry application to IHCUS but you are responsible for the procedures and guidelines for supported entries.

Chair:
Members:

Dates:

Ribbons

Judges Education

Judges

"N/A" if not provided

Suggest contact IHCUS Judges Education for what is available and for a list of qualified presenters.

List Cost if providing

Presentation: IHCUS approved

Mentoring: IHCUS approved

Chair:

Members:

Other

Other

Other

Chair:

Members:

List Classes To Be Offered *see guidelines

Sweepstakes classes		
Conformation "Regular" classes		
Conformation "Non-Regular" classes		
Puppy 4 to 6 Month		

BUDGET: Submission of this application indicates you understand that your event must be self supporting.

Independent Specialty Estimated Budget Worksheet, expand as necessary: It is expected with a Independent Specialty expenses will be offset by donations and entry fees. Expenses must be balanced by projected income. Add to as necessary and "N/A" if not applicable.

**IHCUS Independent Specialty Application
Budget Worksheet**

For Specialty Dated:

	N/A	Projected Expenses	Projected Income
Trophy Costs (totals)			
Regular Classes			
Sweepstakes			
Non-Regular Classes			
4 to 6 Month Puppy Classes			
Agility			
AKC Lure Coursing			
ASFA Lure Coursing			
Obedience			
Rally			
Other			

	N/A	Projected Expenses	Projected Income
Ribbon Costs (totals)			
Regular Classes			
Sweepstakes			
Non-Regular Classes			
4 to 6 Month Puppy Classes			
Agility			
AKC Lure Coursing			
ASFA Lure Coursing			
Obedience			
Rally			
Other			

	N/A	Projected Expenses	Projected Income
Banquet (total)			
Dining Room			
Table Centerpieces			
Other			

	N/A	Projected Expenses	Projected Income
Judging Costs & Fees			
Regular Classes			
Sweepstakes			
4 to 6 month Puppy			
Agility			
AKC Lure Coursing			
ASFA Lure Coursing			
Obedience			
Rally			
Other			

	N/A	Projected Expenses	Projected Income
Site & Equipment (total)			
Conference Room			
Food & Refreshments			
Lure Coursing Equipment Rental			
Agility Equipment Rental			
Obedience/Rally Equipment Rental			
Other			

TOTAL BUDGET	\$	-	\$	-
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**All Club members must receive a copy of the premium list.
 A mailing list can be obtained from the IHCUS Secretary or from the IHCUS Website.**

Applicant Information & Signature

Applicant Information

Printed Name:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
Email address:	

Applicant's Signature	Date

The application must be received by the Secretary at least 12 months prior to the closing date of the event.

Return this completed form to the IHCUS Secretary:

Please check the Third Eye or the IHCUS website for the current secretary name and address.

OR Email it to: secretary@ihcus.org

Date Received by the Secretary	Initials

