



NEWFOUNDLAND CLUB OF AMERICA, INC.
Sweepstakes for Supported Entry Application

Applications must be received by the NCA Specialty Coordinator six months prior to the closing date.

Regional Club: _____

Regional Contact: (Name, address, phone, email)

Sweepstakes request:

Name of Kennel Club _____

Location: (Exact show location and address)

Site: Indoors: _____ Outdoors: _____

Date of Show: _____ Day of Week: _____

Closing Date and Day of Week: _____

Superintendent or Show Secretary: (Name, address, phone, fax, email)

Kennel Club Show Chair (Name, address, phone, email):

Planned classes for sweepstakes:

Sweeps: (6-9, 9-12, 12-18 Months) _____ (6-9, 9-12, 12-15, 15-18 Months) _____

Veteran: (7 years to under 9 years, 9 years and older) _____
(7 years to under 8 years, 8 years to under 9 years, 9 years and older) _____

Division of money prizes for sweepstakes: _____
