The Löwchen Club of America

National Specialty Application

Date of Application:

GENERAL INFORMATION

Club member(s) making application:

Name & Date(s) of Show/Cluster:

Location (Address/City/State):

Date of Specialty:

Show Chairperson (LCA Member):

Assistant Show Chairperson:

Show Superintendent Name:

OTHER COMMITTEE CHAIRS (when needed)

Trophy & Ribbons Chair:

Hospitality & Decorations (Includes Welcome Party):

Performance Chair (Agility/Obedience/Rally/Other Performance):

Publicity Chair:

Auction Chair:

Fundraising Chair:

EXPERIENCE HOSTING A SPECIALTY

Do you have prior experience hosting a Specialty or National Specialty? ____Yes____No

a. If yes, please explain and provide examples:

b. If not, please explain who will assist you with the specialty planning:

CLUSTER INFORMATION

1. Will the specialty be held with a cluster or all-breed show? _____ Yes _____ No

2. Where is the proposed location of the specialty (City/State)?

3. Has a previous LCA specialty taken place at this site? _____ Yes _____ No

4. Will the LCA be able to select a judge from the cluster's judging panel that goes along with our Members' preferred judges?

PROPOSED SCHEDULE

If with a cluster, please describe each of day of the cluster. Please use two boxes if there is more than one show per day. For example: All-breed plus concurrent. Please check all that apply. (The Club allows only 1 National Specialty each year)

Please include the premium and judging programs for this cluster for the current year. Provide the Lowchen entries for the past three years along with the application. This will help answer questions the board may have surrounding logistics and the facility.

DATE:		NATIONAL		DESIGNATED	DATE:		NATIONAL		DESIGNATED
		REGIONAL		INDEPENDENT			REGIONAL		INDEPENDENT
		SUPPORTED		CONCURRENT			SUPPORTED		CONCURRENT
		ALL BREED (ONLY)					ALL BREED (ONLY)		
DATE:		NATIONAL		DESIGNATED	DATE:		NATIONAL		DESIGNATED
		REGIONAL		INDEPENDENT			REGIONAL		INDEPENDENT
		SUPPORTED		CONCURRENT			SUPPORTED		CONCURRENT
		ALL BREED (ONLY)					ALL BREED (ONLY)		
DATE:		NATIONAL		DESIGNATED	DATE:		NATIONAL		DESIGNATED
		REGIONAL		INDEPENDENT			REGIONAL		INDEPENDENT
		SUPPORTED		CONCURRENT			SUPPORTED		CONCURRENT
		ALL BREED (ONLY)					ALL BREED (ONLY)		

ESTIMATED BUDGET/EXPENSES

What is the estimated budget for this specialty show?

EXPENSE TYPE	ESTIMATED AMOUNT
Trophies	
Ribbons	
Judges	
Banquet	
Hotel	
Hospitality	
Decorations	
Other	
Est. Total	

FUNDING RAISING

1. What events will be planned to fundraise for the Club?

2. How will the sponsorship of trophies be managed?

HOST HOTEL

1. What is the name of the proposed host hotel? Include address, phone number, and hotel contact.

2. Does the hotel have adequate green space for exercising dogs? ______ Yes ______ No

3. Does the hotel have a conference room for the Club meeting? ______ Yes ______ No

4. Does the hotel have a hospitality room/area for informal gatherings? _____ Yes _____ No

5. Does the hotel have a restaurant/bar? _____ Yes _____ No

6. Does the hotel have a banquet room? _____ Yes _____ No

7. Are there other hotels in the area to serve as overflow? _____ Yes _____ No

Provide at least two other nearby hotels:

8. Will the proposed host hotel provide a block of rooms at a group rate? _____ Yes _____ No

a. What is the individual room rate?

b. Pet fee amount (any restrictions/limits):

c. Is there a penalty clause if we do not meet the room block? _____ Yes_____ No

d. Please attach a copy of the contract. (Only the Treasurer or President may sign the contract)

BANQUET INFORMATION

1. Does the banquet facility have seating for 30-45 people with additional space for silent auctions and podiums?

_____ Yes _____ No

2. What is the approximate cost per person for dinner?

3. If the banquet facility is not located in the host hotel, where will it be and what distance is it from the hotel and the show site?

EDUCATION SEMINAR (OPTIONAL)

Will there be an educational seminar? _____ Yes _____ No

Topic(s):

Presenter(s):

PERFORMANCE EVENTS

1.Which performance events will be offered?

2.Where will the performance events and trials take place?

3.What additional events will be offered? (CGC testing)

HEALTH CLINICS

Will the cluster offer any health clinics? ____Yes____No

If yes, list type of clinics.

DIRECTIONS

1. A member(s) in good standing may apply to host a specialty.

2. Application must be completed in full before submission to the Club Board.

3. Applications should be submitted no less than 18 months prior to the proposed date.

4. Provide accurate information or estimated costs.

5. Submit the completed application to the Club's Recording Secretary.

Process

1. Complete the application and send it to the LCA via mail or email to the Club's Recording Secretary:

Kristin Schmitt, 3024 Deli Dr, Grand Rapids, MI 49525

thecandlelab@att.net

2. The LCA Board will review your application at a Board meeting. The Board may ask for clarifying information prior to the Board meeting. The Board votes on the specialty application (accepts or rejects).

3. You will be notified within 48 hours of the Board's decision.

4. The Board may reject the application.

5. When more than one application is submitted, the Board may ask for Membership feedback.

6. The Club's National Specialty Consultant can guide the Specialty Chair the process and in completing the event applications for the American Kennel Club. There are different items needed for each cluster, so it is Specialty Chair's responsibility to ensure all requirements are met.