

REQUEST FOR WSRBA SHOW SANCTION

(RETURN TO WSRBA SECRETARY AT LEAST 30 DAYS BEFORE YOUR SHOW DATE)

SPONSORING CLUB: _____

DATE OF SHOW: _____ CITY: _____

SHOW SECRETARY: _____
(Name/Address)

E-Mail Address _____

SANCTION FEE:

ONE SHOW (OPEN OR YOUTH ONLY) \$5.00 _____

ONE SHOW (OPEN AND YOUTH COMBINATION) \$10.00 _____

ARBA SANCTION NUMBER: _____

Is this show in conjunction with another sanctioned show? _____

If yes, what show? _____

Signed: _____