

2018 BCOA "ONE STOP SHOPPING"

DEADLINE: April 25, 2018

ENTRY FEES:

Conformation, Obedience, Rally & Generation Class (Page 4) - \$30/\$25/\$20 \$ _____

Puppy & Veteran Sweeps & DC Stake (Page 9-11) - \$15 \$ _____

Lure Trials, LGRA, Triathlon - AKC Trial - \$25 \$ _____

LGRA Race - \$20 \$ _____

Triathlon - \$5 \$ _____

Field Events Lunch: \$10 each day (Pre-Order Only) Sunday: # _____ \$ _____

Monday: # _____ \$ _____

CATALOG ADVERTISING: Full Page Color - \$100; Full Page - \$60; Half Page - \$35 \$ _____
(See premium for discounts, Page 19)

CATALOGS: Show - Prepaid, pick up at show - \$20; mailed, unmarked - \$25 \$ _____

Field - Prepaid, pick up at show - \$5 \$ _____

CGC TESTING: Tuesday Afternoon (Page 19) - \$25 # _____ \$ _____

CGCA TESTING: # _____ \$ _____

CGCU TESTING: # _____ \$ _____

MICROCHIP: Free to BCOA member-owned entered dogs – Limit of 2 # _____

TROPHY DONATIONS: (Page 22)

Event: _____ Class: _____ General/As needed: _____ \$ _____

In Memory of: _____

BCOA WELFARE FUND DONATION: \$ _____

BCOA JUNIOR SHOWMANSHIP FUND DONATION: \$ _____

RESERVED GROOMING SPACE: Entire week - \$30 (Page 22) # _____ \$ _____
Limited of two per person

CASH RAFFLE: Tickets \$2.00 each or 6 for \$10.00 (Page 25) # _____ \$ _____

STAY FREE RAFFLE: Tickets \$5.00 each or 6 for \$25.00 (Page 24) # _____ \$ _____

SPECIALTY SALE ITEMS: Attach Sale Items Order Form \$ _____

HOSPITALITY SPONSORSHIP: (Page 21) \$ _____

MEAL RESERVATIONS: (Page 17)

Tuesday Evening Opening Reception: Please R.S.V.P. (Page 23) # _____ No charge

Friday Evening Events: Please R.S.V.P. (Page 26) # _____ No charge

Friday Annual Membership Meeting: Beef Stroganoff - \$28.00 # _____ \$ _____

Lemon Chicken - \$26.00 # _____ \$ _____

Vegetarian - \$22.00 # _____ \$ _____

Saturday Annual Awards Banquet: Pork - \$33.00 # _____ \$ _____

Salmon - \$37.00 # _____ \$ _____

Vegetarian - \$28.00 # _____ \$ _____

HEALTH CLINIC: (Pages 18) Heart Clinic - Auscultation - \$40 # _____ \$ _____

Heart Clinic - Echocardiogram - \$100 # _____ \$ _____

Eye Clinic - \$20 # _____ \$ _____

HEALTH DINNER SEMINAR: Wednesday Evening: \$25.00 (Page 19) # _____ \$ _____

BCOA HEALTH FUND DONATION: # _____ \$ _____

TOTAL ENCLOSED \$ _____

NAME _____ PHONE _____

ADDRESS _____

CITY/ST/ZIP _____

E-MAIL ADDRESS _____ KENNEL NAME _____

CREDIT CARD # _____ EXP. DATE _____ CVC# _____

5% handling fee will be added to charges. (CVC: 3-digit security # on back of card)

Make checks payable to BCOA-2018 and send with appropriate forms to:

Barbara O'Neill, Show Secretary

11403 3rd Avenue S., Seattle, WA 98168 - Fax: 206-246-4413

Home: 206-439-7543 – Cell: 206-669-9941 - sheyash@comcast.net