

# LORAIN COUNTY KENNEL CLUB

August 2019 Shows

WANT TO DONATE A BREED TROPHY....HERE'S HOW.  
WE APPRECIATE THE SUPPORT!



Either complete the attached form (one sheet per breed) and return it to any LCKC member who will be glad to see that the Trophy Chairperson receives your form or you may either mail it directly to the the Trophy Chairperson, Pat Whapham, 260 Hiram College Drive, Sagamore Hills, OH 44067 or you can email the info to pawhapham@hotmail.com. If you have any questions, don't hesitate to email Pat or call her at 330-467-6026. All trophy information must be finalized by March 25, 2019 for inclusion in the Premium List. If you are supplying the trophy, arrangements should made with Trophy Chairperson for delivery prior to show.



*THE FOLLOWING IS BEING OFFERED FOR THE LCKC SUMMER SHOW(S). A SEPARATE FORM IS REQUIRED FOR EACH SHOW. I HAVE CHECKED THE INTENDED SHOW. I HAVE MARKED "PLEDGE" AND THE MAXIMUM AMOUNT BESIDE EACH CLASS WHERE I WANT THE TROPHY CHAIRPERSON TO PURCHASE THE AWARD FOR ME. OTHERWISE, I HAVE LISTED THE ITEM THAT I WILL SUPPLY.*

SATURDAY SHOW       SUNDAY SHOW

BREED OR VARIETY \_\_\_\_\_

|                           |  |
|---------------------------|--|
| BEST OF BREED             |  |
| BEST OPPOSITE             |  |
| WINNERS DOG               |  |
| WINNERS BITCH             |  |
| BEST OF WINNERS           |  |
| SELECT DOG                |  |
| OPEN DOG, FIRST           |  |
| AM. BRED DOG, FIRST       |  |
| BRED BY DOG, FIRST        |  |
| AMATEUR-OH DOG, FIRST     |  |
| NOVICE DOG, FIRST         |  |
| DOG 12-18, FIRST          |  |
| PUPPY DOG 6-9, FIRST      |  |
| PUPPY DOG 9-12, FIRST     |  |
| SELECY BITCH              |  |
| OPEN BITCH, FIRST         |  |
| AM. BRED BITCH, FIRST     |  |
| BRED BY BITCH, FIRST      |  |
| AMATEUR-OH BITCH, FIRST   |  |
| NOVICE BITCH, FIRST       |  |
| BITCH 12-18, FIRST        |  |
| PUPPY BITCH 6-9, FIRST    |  |
| PUPPY BITCH 9-12, FIRST   |  |
| <b>Best Owner-Handled</b> |  |
| HIGHEST O.B               |  |
| DONOR'S NAME:             |  |
| ADDRESS:                  |  |
| CITY, STATE, ZIP:         |  |
| PHONE/EMAIL:              |  |