

2024 Awards Application

To be eligible for an award for 2024 accomplishments:

- 1) You, the owner or co-owner must be a member in good standing with the BMDCSEW.
- 2) The dog must reside with a member of the BMDCSEW or a member in good standing must have done the majority of the showing/testing. Breeders that are co-owners who do most of the showing can get an award even if the dog does not live with them.
- 3) The dog must have completed the requirements and received a certificate from the AKC, UKC, CKC, BMDCA or a Therapy Dog Organization.
- 4) Members of the BMDCSEW who own or co-own a dog that achieves Top Producer status with the BMDCA is also eligible for an Award.

- | | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Conformation | <input type="checkbox"/> Obedience | <input type="checkbox"/> Top Producer | <input type="checkbox"/> Herding | <input type="checkbox"/> Rally |
| <input type="checkbox"/> Trick Dog | <input type="checkbox"/> Agility | <input type="checkbox"/> Tracking | <input type="checkbox"/> Working Dog | <input type="checkbox"/> Draft |
| <input type="checkbox"/> Versatility | <input type="checkbox"/> Therapy | <input type="checkbox"/> Farm Dog | <input type="checkbox"/> Scent Work | <input type="checkbox"/> CGC |
| <input type="checkbox"/> Active Dog | <input type="checkbox"/> Other _____ | | | |

To receive the award at the Awards Banquet in February, complete the form (s) below and send it with a photocopy of the title certificate to:

Lyn Steffens
124 Woodhaven Lane
Neenah, WI 54956
920-850-9505
E-Mail: lsteffens@new.rr.com

Deadline is Jan 20, 2025

Note: If the dog's certificate has not arrived by the January deadline, complete and mail the form and present a copy to Lyn before the dinner.

Please Type or Print

Owner's Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Dog's Registered Name: _____

Title and date received: _____

* Has the dog earned other BMDCSEW awards (plaque) Yes No
(Please Check One)

Check if you need a new plaque because existing plaque(s) is filled.