AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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ASCA SHOW COORDINATORS

Show Coordinators are responsible for signing off on paperwork pertaining to all ASCA show/trial programs

Affiliate Club Name	

Please list the individuals your club has appointed as Show Coordinators.

Show Coordinator Name	**Member ID#**
Address / City / State / Zip Code	
Phone	**Email**

Show Coordinator Name	**Member ID#**
Address / City / State / Zip Code	
Phone	**Email**

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Phone	**Email**

Show Coordinator Name	**Member ID#**
Address / City / State / Zip Code	
Phone	**Email**

The persons listed above have been appointed as ASCA Show Coordinators. **Show Coordinators are responsible for signing off on paperwork pertaining to all ASCA show/trial programs** and are the liaison between our club and the ASCA Business Office.

X _____

Signature of Club President (Required) Membership ID# Date

X _____

Signature of Club Secretary (Required) Membership ID# Date

NOTE: DO NOT TYPE NAMES INTO SIGNATURE LINES. SIGNATURES MUST BE SIGNED IN PEN OR USING PROPER DIGITAL SIGNATURE SOFTWARE.