

AMERICAN CAVY BREEDERS ASSOCIATION

“NOTICE OF INTENTION”

SWEEPSTAKES YEAR JULY 1, 2006-JUNE 30, 2007

If you want the points you receive at the ACBA sanctioned shows to be counted in the ACBA Sweepstakes Year 2006-2007, you must fill in this form and send it to James Nielsen, Sec/Treas., 1157 E. San Angelo Ave., Gilbert, AZ 85234.

***The points you receive at ACBA sanctioned shows will not count in the ACBA Sweepstakes until this form is received! You may make changes during the Sweepstakes year; those changes will go into effect the date this form is received. (You do not need to use this form, but be sure you provide all needed information.) If all information is not provided, forms will be returned to you. Points will not count until a corrected form has been received by the Secretary.***

**Use one form for each single exhibitor...or...If multiple exhibitors are showing together, list all exhibitors on one form.**

Exhibitor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Open \_\_\_\_\_ Youth \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Caviary Name: \_\_\_\_\_  
*(Your Caviary Name must be registered with ACBA.)*

**YOU MUST BE A MEMBER OF THE ACBA AT THE TIME OF THE SHOW TO RECEIVE POINTS.**

Indicate which Breeds you will be showing. You may indicate more than one Breed, and may change during the Sweepstakes year.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abyssinian       | <input type="checkbox"/> Coronet        | <input type="checkbox"/> Silkie Satin  |
| <input type="checkbox"/> Abyssinian Satin | <input type="checkbox"/> Peruvian       | <input type="checkbox"/> Teddy         |
| <input type="checkbox"/> American         | <input type="checkbox"/> Peruvian Satin | <input type="checkbox"/> Teddy Satin   |
| <input type="checkbox"/> American Satin   | <input type="checkbox"/> Silkie         | <input type="checkbox"/> Texel         |
|   |   | <input type="checkbox"/> White Crested |

Date \_\_\_\_\_

*Signature of Exhibitor*

**PLEASE FEEL FREE TO MAKE COPIES OF THIS FORM**

(For Secretary's Use)

Membership Number: \_\_\_\_\_ Date Form Received: \_\_\_\_\_

Expiration Date: \_\_\_\_\_