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|  | **BMDCNI Designated Specialties** **January 3rd and 4th, 2026****Trophy Selection** |
| **Trophies may be purchased on our website:** [**https://bmdcni.org/bmdcni-regional-specialty-trophy-donations/**](https://bmdcni.org/bmdcni-regional-specialty-trophy-donations/) |
| ***Please check the website for available trophies. Availability changes often. Please look at the website before completing this form so you know what trophies are still available. Thank you!*****Mail in trophy selection must be accompanied by check or money order made payable to BMDCNI and sent to:****Sharon Blaszak 9650 Genevieve Dr. Saint John, IN 46373 Questions: keragold@sbcglobal.net** |
| **No trophy will be assigned without payment received.** |
| **The following trophies are $40.00 each day:** |
| * Best of Breed, Best of Opposite Sex, Best of Winners
 |
| **The following trophies are $30.00 each day**:* Grand Champion Select (2 per day)
 |
| **The following trophies are $25.00 each day**:* Awards of Merit (2 each day), Winners Dog, Winners Bitch
 |
| **The following trophies are $15.00 each day**:* Reserve Winners Dog, Reserve Winners Bitch
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| Name: |  | Phone: |  |
| Address: |  | City: |  | State: |  | Zip Code |  |
| E-mail: |  |
|  |
| Please give choices for trophy selection and specify which day requested: (Select Day) |
| First Choice: |  | [ ]  Saturday [ ]  Sunday |
| Second Choice:  |  | [ ]  Saturday [ ]  Sunday |
| **OR** |
| [ ]  Please use my donation wherever needed. |
|  |
| How would you like your name to appear in the catalog? | (Please print clearly) |
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|  |
| [ ] I would like to donate to the general trophy fund. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_My name will be listed in the catalog as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Thank you for all donations!!** |