



Registration Chair: Liz Swearingen
SCA 2016
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SCA 2016 National Specialty Registration

PERSONAL INFORMATION:

NAME:

ADDRESS:

TELEPHONE:

CELL PHONE:

EMAIL:

KENNEL NAME:

WHERE ARE YOU STAYING?

LOCATION NAME:

LOCATION ADDRESS:

ARRIVAL DATE:

DEPARTURE DATE:

EMERGENCY CONTACT INFORMATION

NAME:

RELATIONSHIP:

TELEPHONE:

CELL PHONE:

Is there someone attending the 2016 National you would like us to contact in an emergency in addition to the person listed above?

NAME:

TELEPHONE:

ALTERNATE PHONE:

IS THIS YOUR FIRST NATIONAL? YES NO