MASTER BREEDER APPLICATION

Name _____

Address _____

_____

Qualifications:

GMO Placement in Top Ten (1 pt., minimum 3) year____ year____ year____

GFO Placement in Top Ten (1/4 pt., minimum 0) year____ year____ year____

BOS Delta or Tank (1 pt., minimum 5)
year/show _____ year/show _____
year/show _____ year/show _____
year/show _____

BOS Veil/Sword (1/4 pt., no minimum)
year/show _____ year/show _____
year/show _____ year/show _____

Class Championship (1 pt., minimum 3)
year/class _____ year/class _____
year/class _____

Female Class Championship (1/4 pt., no minimum)
year/class _____ year/class _____
year/class _____ year/class _____

Service to IFGA
capacity _____ year _____
capacity _____ year _____
capacity _____ year _____

_____
Signature of Applicant

Date Received by Judging Board _____

Approved _____
Denied _____

Effective Date _____

_____
Signature of Judging Board Member