

PSCA Request for Hall of Fame Breeder Form

Breeder's Name	
Kennel Name <i>(if applicable)</i>	Are you a current member of PSCA?
Address	Phone
City, State, ZIP	E-mail

Registered Name of Dog	TITLE	ORGANIZATION	POINTS
SUBTOTAL for page ___ OR TOTAL			

Page # ___ Please list each title on a separate line.
MAKE AS MANY COPIES OF THIS PAGE AS NECESSARY

Send this form to the PSCA ROM Chairperson:

Kathy Burger – 7736 Franklin Drive– Harrisburg, PA 17112 – burger_haus@comcast.net

Effective Date Feb. 1, 2008