## **ANIMAL DISPLAY REQUEST FORM**



Please complete all sections and submit this form to your Event Services Representative via email. Incomplete forms will be returned for completion or result in the request not being approved.

Event:	Event Dates:
Is Request for:	
Show Management Exhibitor	Exhibitor Booth Number
First Name:	Last Name:
Email:	Company:
Title:	
Animal Display Dates:	Animal Display Times (NOTE no animal may be left overnight)
Animal Arrival/DeparturePlan (Please indicate h	now animal will arrive at GWCC and then at booth)
Description of Display: Please provide Age and (corral, leash, crate, pen), Plan for relief of anim	Size (weight) of animals, Breed, Daily Management plan for animal al/feeding. Name of Handler.
Requestor Signature:	Date:
FOR GWCCA USE:	
Event Manager:	
Department Head:	
Authorized Signature:	Date:
Approval: Yes No	