

USASA Request for Hall of Fame Breeder Form

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

| Registered Name of Dog | TITLE | TYPE OF VERIFICATION ATTACHED | POINTS |
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| 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, and copies of the appropriate verification of titles as listed in the rule to the
 USASA ROM Chairperson:
 Sheila Dolan
 80 Reutermann Rd.
 North Stonington, CT. 06359
 asjournal@comcast.net**