

2020 Champions for Canine Health Calendar

Participant Agreement Form

Please read all information thoroughly before signing the agreement

Thank you for participating in the AKC Canine Health Foundation's *Champions for Canine Health Calendar*. All participants must provide their own professional photograph. Participants are responsible for submitting the photograph directly to CHF no later than August 31, 2019.

Levels of Participation:

-	Sponsor a calendar <i>month</i>	.\$2,500	
-	Sponsor the calendar front <i>cover</i>	.\$8,000	SOLD!
_	Sponsor the calendar front <i>cover</i> & <i>month</i>	.\$10,000	SOLD!

Participation Requirements:

- 1.) Participant is responsible for providing CHF with a current, high quality, professional photograph no later than August 31, 2019.
- 2.) Requests for a particular month in the calendar will be honored on a first come, first served basis.
- 3.) Sponsorship in the Champions for Canine Health Calendar includes a month-long feature of your submitted photograph on the AKC Canine Health Foundation homepage. Your sponsorship also includes a designated web page featuring your champion. The web page narrative can include up to 300 words that focus on the importance of canine health research. CHF will help with writing the narrative if requested.

 (Narrative can't include recognition of judges or accommodate additional photographs.)

Please email the narrative to Bradford.Brady@akcchf.org by August 31, 2019.

Photograph Requirements:

- Horizontal photo with minimum of 300 dpi at 8.625 in (h) x 11.125 in (w)
- Please do not include:
 - people
 - ring side or show images
 - costumes or attire
 - photos of your champion as a puppy
- Only one champion dog may be featured per calendar month

Please contact Bradford.Brady@akcchf.org for information on transferring large files

Photograph submitted for the calendar may also be used in other CHF promotional materials.



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Please submit photographs and website narrative to the AKC Canine Health Foundation no later than **August 31, 2019**. All sponsorship levels are tax-deductible to the fullest extent of the law.

Please print legibly.

Your Contac	t Information:				
Name:					
Address:					
Email:			Phone:		
Dog Informa	ition (as it will a	ppear in calendar):			
Registered N	lame:				
Call Name:					
Handler(s):					
Owner(s):					
Breeder(s):					
Breed:			Requested month i	n calendar:	
	Method of Pay ☐ Visa	rment: □ Check enclosed □ MasterCard	OR ☐ Credit Card		-
	Card #		 _ Expiration Date _		
Print Name	 e	Signature	 	 Date	

Thank you, your commitment to the health of all dogs is greatly appreciated!