

**NATIONAL MEET BID SHEET**



To: **COCHINS INTERNATIONAL (CI)**

Date of Bid: \_\_\_\_\_

Name of Sponsoring Club submitting bid: \_\_\_\_\_

**SPONSORING CLUB & MEET INFORMATION:**

Date of Show: \_\_\_\_\_ Location of Show: \_\_\_\_\_

Is this a Single or Double Show? \_\_\_\_\_

Average total size of previous shows held at this location: \_\_\_\_\_ Number of Cochins (Bantam & Large): \_\_\_\_\_

Has this club ever hosted a CI National, APA or ABA Annual or Semi-Annual Meet? \_\_\_\_\_

If so, please give the date and approximate total number of birds: \_\_\_\_\_

Number of members in the club: \_\_\_\_\_ Have they voted favorably on this bid? \_\_\_\_\_

**CONSIDERATIONS FOR COCHINS INTERNATIONAL NATIONAL MEET:**

Will show cages for both Bantam and Large Cochins be single-stacked? \_\_\_\_\_

Will tables be provided for CI sales and raffle merchandise? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Will chairs & space be provided for CI to hold a Club meeting? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Will table & meeting space be in close proximity to Cochins show cages? \_\_\_\_\_

Will sponsoring Club be donating to CI premium awards? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

**TRAVEL AND HOTEL ACCOMODATIONS:**

Location of nearest airport: \_\_\_\_\_ Distance from show: \_\_\_\_\_

Name of headquarters motel/hotel: \_\_\_\_\_ Distance from show: \_\_\_\_\_

Will a banquet be held? \_\_\_\_\_ Are there meeting rooms available? \_\_\_\_\_

**SPONSORING CLUB BID AUTHORIZATION & CONTACT INFORMATION:**

Name & Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person responsible for submitting Show Report to CI: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE SUBMIT BID IN DUPLICATE**, along with any other pertinent information for Board of Directors to consider, to:

Cochins International  
c/o Gail Carlson, President  
14809 East 267<sup>th</sup> Street  
Harrisonville, MO 64701  
Phone: 816-884-5511  
Email: HappyHens1@hotmail.com

Cochins International  
c/o District Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_