

Birman Cat Club of NZ Inc. Companion Entry Form

ENTRY FEES: (these must accompany entry forms)

Note: This is a SIX Ring show and entry fees are payable per ring

Exhibits Name: Group: Cat/Kit	ten Type: Longhair/Shorthair S						tion No: . Sex: Neu			
Approx Age: Owners Name: M				• • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••		
Address:	• • • • • • • • • •	•••••	• • • • • • • •	• • • • • • • • •	•••••					
Telephone Number										
Email Address (If	Appli	cable)	•••••	• • • • • • • • •	•••••	•••••	•••••	•••••		
		Circle	the clas	s/classe	s you wish	to enter:				
CLASSES:					NEUTER			Y		
Open Cat						41	61			
Junior Cat – 9 months to 2 years						42	62			
Intermediate Cat – 2 years to 5 years						43 44	63 64			
Senior Cat – 5 years to 7 years Veteran Cat – 7 years and over						45 45	65			
y coestile care y										
Open Kitten						51	71			
Kitten 4 – 5 months Kitten 6 – 9 months						52 53	72			
Kitten 0 – 9 mont	IIS					55	73)		
Indicate which rings you to enter (circle one		All 6 Rings	OR	RING 1	RING 2	RIN G 3	RING 4	RII		RING 6
I consent to be bound	by and	submit t	o tha						Amo	ount paid
I consent to be bound by and submit to the Constitution, By-Laws and Rules of the New Zealand Cat Fancy Inc. and the Club as may be amended from time to time.			Benching fee (payable on first exhibit only)			\$5.00 rir	o per ng		•	
I would like to work on show day in the following position:			Entry Fee 1 st Entry			1 '	\$14.00 per ring			
Steward ()	Sori	be ()		Entry	Fee 2 nd E	ntry		0 per		
Handler ()	Oth	, ,					ring			
				Entry	Fee 3 rd or	nwards	\$10.0	\$10.00 per		
				Entry				ring		
I consent to having my Name, address, Email and Prefix published in the Catalogue				Associate Membership fee (Non Members ONLY)			\$15	5.00		
Yes / A copy of the Show Rules a	No nd Bv-La	aws can l	oe	Catal	OCUE (inclu	ides all	\$7.	00		
obtained from: NZCF download at : www.nzcatfancy.gen.nz				Catalogue (includes all show exhibits)			Ψ	.00		
				TOTA	L ENCLO	SED		\$		
Signed:			Dated:							
A					UR SCHEDULE THOROUGH) - C	,
Amount received	Ke	ceipt l	numbe	er	Amoun	t to pay		Refund		1