WELLINGTON CAT SHOW – SUNDAY 16TH JULY 2017 Shorthair REGISTERED ENTRY FORM

Se x	Breed No.	Breed Name	Colour	Cat/Kitten/ Spay/Neuter	Age Group	Date of Birth	Age at Show	Office
					•		Yrs Mths	
Exhibits Title and Name:							Registration Number:	
Sire:							Breed Number:	
Dam:							Breed Number:	
Owner's Name: Mr/Mrs/Miss/Ms							Owner's Prefix (if any)	
Address:								
Email: Telepho							e No:	
Breeder's Name:								
Mr/Mrs/Miss/Ms								
Breeder's Address:								
For ENTRY CLASSES - REFER TO SO					SCHED			
		ONE	TWO	THREE	FOUR			
OPEN	ı							
AGE (CLASS							
NZ B	RED							
TYPE	CLASS							
PLEASE COMPLETE ALL SECTIONS AND DELETE THAT WHICH DOES NOT APPLY								
I offer my services as Steward/Handler/Scribe						y Fees	\$	
Details of Trophy/Ribbon/Rosette/Donation					Men	nbership	\$	
Catal						alogue	\$	
I/We have a complete copy of the New Zealand Cat Fancy Inc Show Rules and Bylaws. A copy of the Show Rules and Bylaws can be obtained from the					`	ation	\$	
					1 1 () 1	TOTAL		
NZCF Inc Stationery Officer.								
I/We consent to be bound by, and submit to the Constitution, Bylaws and Rules of the NZCF Inc and								
the Club as may be amended from time to time.								
Priva	acy Act: I/W	e agree to ou	ır Name/Add	ress and Prefix	being	printed in (Catalogue: Yes	s/No
SIG	NED:				<u>. </u>			

Amount Received Receipt Number Amount to Pay Refund

MY CAT REQUIRES A CHALLENGE CERTIFICATE: Yes/No