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 **Show: Auckland Cat Club Inc Entry Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sex****M/F/N/S** | **Breed No.** | **Breed Name** | **Colour** | **Ent Cat,Ent Kit****n/s Cat, n/s Kit** | **Age Group** | **Date of Birth** | **Age at Show** | **Office** |
|  |  |  |  |  |  |  |  |  |
| **Exhibits Title and Name:** | **Registration Number:** |
| **Sire:** | **Breed Number:** |
| **Dam:** | **Breed Number:** |
| **Owner’s Name:** | **Owner’s Prefix (if any):** |
| **Address:** |
| **Email:** | **Telephone No:** |
| **Breeder’s Name:** |
| **Breeder’s Address:** |

**REFER TO SCHEDULE**

|  |  |
| --- | --- |
| Entry Fees | $  |
| NZCF Benching Fee ($20 first entry only) | $  |
| Membership | $ |
| Catalogue ($9) | $ |
| Rosettes ($70) | $ |
| Hire Cage ($5) | $ |
| Donation | $ |
| **TOTAL** | **$**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **OPEN** | **AGE** | **NZ BRED** | **TYPE** |
| **Ring 1** |  |  |  |  |
| **Ring 2**  |  |  |  |  |
| **Ring 3** |  |  |  |  |
| **Ring 4** |  |  |  |  |

I offer my services as: Steward / Handler / Scribe / Other

Details of Trophy / Ribbon / Rosette / Donations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 NZCF Inc Stationery officer or is available online at the NZCF website <http://nzcf.com>

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.

**Hire club cage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size preferred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bringing own large cage: \_\_\_\_\_\_\_\_\_\_\_\_\_ (must advise size - N.B. Maximum frontage to be no more than 760mm)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy Act: I/We agree to my/our Name, email and Prefix being printed in Catalogue: Yes/No**

Cross out if any of these not to be printed

**SIGNED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (unsigned entries will not be accepted)

You can make payment by Internet Banking to ASB Bank Acct# **12 3232 0024558 01**. Please include your **NAME** in the particulars box and **SHW FEE** in the reference/code box.

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount Received** | **Receipt Number** | **Amount to Pay** | **Refund** |
|  |  |  |  |