

## HCC Inc 1950



For the love of Cats

Hamilton Cat Club Inc

Domestic / Companion Entry Form

Show: *Hamilton Cat Club Inc* Date: *Sunday 7th July 2024*

|  |  |
| --- | --- |
| **Cat or Kittens name:** | **Cat/Kitten age:** |
| **Colour: Neuter/Spey** (please circle) | **Registration Number:** |
| **Longhair/Shorthair** (please circle) **Domestic/Companion** (please circle) | **Owners Age:** (if under 16) |
| **Owner’s Name:****Mr/Mrs/Miss/Ms** | **SPCA/Rescue Cat Y/N** |
| **Address:** |
| **Email:** | **Telephone No:** |

**REFER TO SCHEDULE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RING** | **ONE** | **TWO** | **THREE** | **FOUR** | **FIVE** |
| **Y / N** |  |  |  |  |  |

**All Domestics and Companions will be entered into all appropriate show classes.**

**PLEASE COMPLETE ALL SECTIONS AND DELETE THAT WHICH DOES NOT APPLY**

I offer my services as Steward / Handler / Scribe

|  |  |
| --- | --- |
| Entry Fees | $ |
| NZCF Benching Fee | $ |
| Catalogue | $ |
| Donation | $ |
| **TOTAL** | **$** |

**I understand that images taken on the day may be supplied**

**To Sponsors as per sponsorship agreements.**

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 downloaded from www.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.

Privacy Act: I / We agree to allow printing of my / our name, email address and prefix in the on sale catalogue Yes/No

I / We agree to our email address be given to Hamilton cat club sponsors for future promotion and marketing    Yes/No

I / We consent to any photographs taken at the Hamilton Cat show by the official photographer to be used

for any promotion or marketing Yes/No

**Companion Cats Only**: I / We confirm that the exhibit entered above meets the criteria of Rule 6a of the

NZCF Registered Companion Cats Section.

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PLEASE INDICATE IF YOU REQUIRE DISABLED ACCESS: YES / NO NUMBER PLATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**