

SHOW: SOUTHERN CROSS LONGHAIRED CAT CLUB CHAMPIONSHIP SHOW					CAGE NO:
REGISTERED ENTRY FORM					
Sex:	Male	Breed Name:	Breed Code	Date of Birth	Age at Show
Please Tick	Female				
	Neuter	Colour:			
	Spay				

IF YOUR CAT IS NOT A BREEDING CAT PLEASE TICK THE NEUTER OR SPAY BOX

Title: Circle	Ch/Pr, Gr Ch/Pr, Dbl Gr Ch/Pr, Br Dbl Gr Ch/Pr, Sl Dbl Gr Ch/Pr, Gd Dbl Gr Ch/Pr	Registration No:
Cat's Name:		
Sire:		Breed Code:
Dam:		Breed Code:
Owners Name:	Mr/Mrs/Miss/Ms	
Address:		
Owners Registered Prefix (if any)	Ph: ()	Email:
Breeder's Name:	Mr/Mrs/Miss/Ms:	
Address:		

NOTE: Your cat will automatically be entered in all classes it is eligible to enter (open, age group, NZ Bred and type class) by ticking Option 1. If you DO NOT wish to enter the open class please indicate this by ticking Option 2.

RING	OPTION 1	Please tick	OPTION 2	Please tick
ONE	All Classes		All Classes (except open)	
TWO	All Classes		All Classes (except open)	
THREE	All Classes		All Classes (except open)	

IMPORTANT - Please read and complete:		FEES	
<i>I/we consent to be bound and submit to the Constitution, Registration Rules and Show By-laws of the NZCF Inc and the Club, as amended from time to time. PRIVACY ACT: I/we agree to having my/our name/s and address published in the show catalogue.</i>		Entry fee	
		\$	
		Catalogue (\$6 or free to members) Please tick here if required	
		\$	
Donation		\$	
Please tick this box if you DO NOT wish to have your address in the show catalogue			
		TOTAL ENCLOSED:	
Signed:		Date:	

Help is needed! Can you help on show day?

Receipt required?:	YES/NO
[S A E if receipt required]	

Received	To Pay	Refund	Receipt No
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SOUTHERN CROSS LONGHAIRD CAT CLUB DOMESTIC ENTRY FORM

CAGE NO:

Name of Owner _____

Age (if under 16) _____

Address: _____

Phone no: _____ Email: _____

Can you help on show day? _____

Name of cat or kitten _____

Colour _____

Male or female? _____

Longhair or Shorthair? _____

Age of cat on Show Day _____

Tick those rings (judgings) you wish your cat to be entered into	RING ONE	
	RING TWO	

IMPORTANT - Please read and complete:	FEEES	
<p><i>I/we consent to be bound and submit to the Constitution, Registration Rules and Show By-laws of the NZCF Inc and the Club, as amended from time to time.</i></p> <p><i>PRIVACY ACT: I/we agree to having my/our name/s and address published in the show catalogue</i></p> <p>Please tick this box if you DO NOT wish to have your address in the show catalogue <input type="checkbox"/></p>	Entry fee	\$
	Catalogue (\$6 or free to members) Please tick here if required <input type="checkbox"/>	\$
	Donation	\$
	TOTAL ENCLOSED:	\$
Signed: _____	Date: _____	

Do you require receipt to be posted to you (enclose SAE)	YES/NO
Received: _____	To Pay: _____
Refund: _____	Receipt No: _____

SOUTHERN CROSS LONGHAired CAT CLUB COMPANION CAT ENTRY FORM

CAGE NO:

Name of Owner _____

Age (if under 16) _____

Address: _____

Phone no: _____ Email: _____

Can you help on show day? _____

Name of cat or kitten _____ Registration No (if known): _____

Longhair or Shorthair? _____

Age of cat on Show Day _____

Male or female? _____

Tick those rings (judgings) you wish your cat to be entered into	RING ONE	
	RING TWO	

IMPORTANT - Please read and complete:		FEES
<i>I/we consent to be bound and submit to the Constitution, Registration Rules and Show By-laws of the NZCF Inc and the Club, as amended from time to time.</i> <i>PRIVACY ACT: I/we agree to having my/our name/s and address published in the show catalogue.</i> Please tick this box if you DO NOT wish to have your address in the show catalogue <input type="checkbox"/>	Entry fee	\$
	Catalogue (\$6 or free to members) Please tick here if required <input type="checkbox"/>	\$
	Donation	\$
	TOTAL ENCLOSED:	\$
Signed: _____ Date: _____		

Do you require receipt to be posted to you (enclose SAE)	YES/NO
Received: _____ To Pay: _____ Refund: _____	Receipt No: _____