Please fill out this entry form and send it with your entries.

Band number	Color	Primary	Backup	Bonus	Handler of choice

Breeders Name…….

Address:……

City:……State:……..ZIP…….

Email :……

Home Phone:……Cell:…….

Entry Fee Paid by Check # :…….$..... Cash: $.....

Breeders Signature:…….

Birds checked in by:……Date:……