C.C.B.A. WEST MIDLAND ZONE
ENTRY FORM

CLASS NO.	*CAGE No SECRETARY USE ONLY*	DESCRIPTION	CCBA - WMZ MEMBER YES/NO

NAME & ADDRESS

…….. Entries @ £1.00 each £……

…….. 2025 SUBS@£10 £……

..... Show donation £…….

…….. Catalogue @ £2 £…….

……... Total Payment £…….

Post Code ……. **PAY CASH ON THE DAY**

***TELEPHONE No ;……..

CCBA Membership number :……

CPH REGISTRATION NUMBER:……..

Please enclose a stamped self-addressed envelope for return of labels etc

PLEASE SIGN BELOW

By entering this show I agree to abide by the rules laid down by the Association and any other relevant organisation.

NOTE; FOR YOUR ENTRY TO BE ACCEPTED YOU MUST COMPLETE, SIGN AND RETURN THE DECLARATION FORM

Signature…….. Date ……