

Wild Atlantic Way One Loft Race.

Participant entry form.

Please complete this form using BLOCK CAPITALS.

Name: _____ Team Owner: _____

Agent Name: _____

Address: _____

Country: _____

Phone Number: _____ E-Mail: _____

Teams

Team 1	Ring Number	Sex	Colour	Pigeon Name
Bird 1				
Bird 2				
Bird 3 (Reserve)				
Team 2	Ring Number	Sex	Colour	Pigeon Name
Bird 1				
Bird 2				
Bird 3 (Reserve)				
Team 3	Ring Number	Sex	Colour	Pigeon Name
Bird 1				
Bird 2				
Bird 3 (Reserve)				
Team 4	Ring Number	Sex	Colour	Pigeon Name
Bird 1				
Bird 2				
Bird 3 (Reserve)				

I have read and accept the rules & conditions of the participation regulations regarding this One Loft Race, which are available on the Website.

Signature: _____ Date: _____