



Loft Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Band Number	Entry Fee 350 per bird	Total
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total		

Mail this form along with payment to the California Classic
 Make checks out to California Classic
 15622 Lyons Valley Rd
 Jamul Ca 91935

Signature _____ Check # _____ Date _____