



Contact Name: _____ Loft Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone: _____ Email: _____

Entry Fee

1 bird 150

2 birds 125 per bird

3 or more birds 100 per bird

Band Number	Entry Fee	Optional Class A 25	Optional Class C 100	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Grand Total				

Mail this form along with payment to:
Make Checks payable to **California Classic**
15622 Lyons Valley Rd
Jamul Ca 91935

Signature: _____ Check #: _____ Date: _____